



Special Use Permit Amendment/Renewal Application

Filing Deadline: _____

Date Filed: _____

All of the information required for filing this application must be submitted a minimum of two (2) months prior to original Special Use Permit expiring.

1. Property owner: _____
Property owner address: _____
City, State, & Zip: _____
Phone: _____ Email: _____

2. Applicant name: _____
Applicant address: _____
City, State, & Zip: _____
Phone: _____ Email: _____

3. Existing use: _____ Current zoning classification: _____

4. Property address: _____

Legal description: Lot _____, Block _____, Subdivision _____
A full legal description MUST be attached

Identify the parcel code: _____

5. Original ordinance: _____ Date Issued: _____

Applicant's Signature _____ Staff Initials _____