

**JONESFIELD TOWNSHIP
APPLICATION FOR SPECIAL USE PERMIT**

DATE: _____ SPECIAL USE REQUEST NO. _____

TO: PLANNING COMMISSION

BY: _____
(Name of Applicant)

(Address) (City) (State) (Zip)

(Phone Number) (Email Address)

1. The property in question is located at:

(Address) (City) (State) (Zip)

Legal Description: (Enter here or attach)

2. A previous request has (), has not () been made with respect to this property by the applicant?

Dated: _____ Decision of the request:

3. This application with regard to a special use permit is as follows. (Check applicable item)

_____ (A) To hear and decide application(s) for special use permit(s) to use regulations in accordance with Section _____ of the Jonesfield Township Zoning Ordinance.

OR

_____ (B) To hear and decide whether another proposed use is in accord with the intent and purpose of the regulations regarding zoning district _____ as found in Section _____ of the Zoning Ordinance.

4. With regard to the above request, I (we) apply for the following specific special use:

5. I (we) authorize:

to act as my authorized agent in the hearing on my request. (You may attach supplementary information on your request).

Signed _____ Dated _____

To be completed by the Township

Date Received _____

Fee Received _____

Request Number _____

Copy sent to: Zoning Administrator: _____ Planning Commission: _____
(Date) (Date)

Property is currently zoned: _____

Property is shown on General Development Plan Map as:

Action taken: _____

Signed _____

Title