

CITY OF FLUSHING

APPLICATION FOR SPECIAL USE PERMIT

Applicant: _____ Phone: _____

Applicant's Address: _____ City: _____ State: _____

Address of Property in Question: _____

Legal Description: _____

Property Zoned: _____ SPID-Number 55- _____ Size of Parcel: _____

Name and address of every other person, firm or corporation having a legal or equitable interest in the property.

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

I (we), the above named applicants, hereby request a public hearing before the Flushing City Council in accordance with the City of Flushing Zoning Ordinance, including the review costs to be charged. The requested Special Use Permit is for: _____

- 3. Initial submittal requires 6 copies of a fully dimensional map at a scale of not less than 1" equals 20' identifying the land which would be affected by this variance and all abutting land within 300' and all public and private rights-of-way, and easements bounding and intersecting the land under consideration. Additional forms and information will be requested prior to setting date for Planning Commission meeting.

(Applicant)

TO BE COMPLETED BY CITY

Date received: _____ Fee Paid: _____

Receipt number: _____ Tentative Date of Planning Commission Meeting: _____

Tentative Date to Set Public Hearing: _____ Tentative Date of Public Hearing: _____

Note: Meetings are held in City Hall Council Chambers, 725 E. Main Street at 7:30 p.m.