

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, 309 E. Main Street at 7:30 p.m.