

Village of Durand
APPLICATION FOR A SPECIAL USE PERMIT

Name of Applicant: _____

Address of Applicant: _____

The applicant is the (check one):
_____ Owner
_____ Authorized representative of the owner of the property
for which this zoning application is being filed.

Address or legal description of the property for which this zoning Special Use request is being filed:

Map: Attach to this petition an accurate scale drawing of the site and the surrounding area for a distance of at least three hundred (300) feet from each boundary of the site showing the location of streets and property lines.

State the precise nature of the Special Use requested, the practical difficulty and any other data pertinent to this Special Use request.

Fee Structure

A fee of \$100.00 shall accompany this application.

TO BE FILLED OUT BY THE ZONING ADMINISTRATOR

Existing Zoning District Classification of the property:

Date received: _____

Action Taken:

Zoning Board of Appeals _____

Village Board of Trustees _____

Signature of Applicant

Date

Signature of Zoning Administrator

Date