CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036

Request for Special Use Permit

Name: _____

Address of Applicant: _____
City **State** **Zip**

Phone #: _____ **Email:** _____

Name of Property Owner (if different from applicant)**:** _____

Address of Interest: _____

Present Use of Property: _____ **Proposed Use:** _____

Zoning District: _____ **Within Historic District?:** ☐ **Yes** ☐ **No**

Reason for Special Use

Please Note: The following questions must be answered completely. If additional space is needed, place attach extra pages to the application.

Please provide a written statement explaining the nature of the proposed special use: _____

_____

_____

_____

_____

Explain how the propose use or expansion is necessary or desirable to provide a service or facility which is in the interest of the public convenience: _____

_____

_____

_____

_____

Explain how the proposed use or expansion will contribute to the general welfare of the neighborhood or community: _____

_____

_____

_____

_____

Will the proposed use or expansion create noise, glare, vibration, odor, or in any other way be detrimental to the health, safety, morals, or general welfare of persons working or residing in the vicinity?

☐ **Yes** ☐ **No** **If yes, please explain:** _____

_____

_____

Supplemental Data

1. Provide photographs showing various pertinent views of the existing site and buildings.
2. Provide a map that shows the location of the property in the broad context of the City or neighborhood.
3. Provide building, structure, and sign plans to such a scale that all pertinent features are legible, if applicable.
4. Identify the general land use, zoning, and any special characteristics of the adjacent properties to the north, south, east, and west.

North: _____

South: _____

East: _____

West: _____

Names of Surrounding Property Owners

Following are the names and addresses of surrounding property owners from the property in question for a distance of two-hundred-fifty (250) feet in all directions, and the number of feet occupied by all public roads, streets, alleys, and public ways have been excluded in computing the 250 feet requirement. Said names are as recorded in the office of the County Recorder (or the Registrar of Titles of the County) and as appear from the authentic tax records of this County. If additional space is needed, please attach extra pages.

Name	Address

I (we) certify that all of the above statements and the statements contained in any papers or plans submitted here with are true to the best of my (our) knowledge and belief.

I (we) consent to the entry in or upon the premises described in this application by any authorized official of the County of Jo Daviess for the purpose of posting, maintaining, and removing notices as may be required by law.

_____

Applicant's Signature **Date**

_____

Property Owner's Signature **Date**

_____

Notary's Signature **Date** **Commission Expiration**

Notice to Applicants

The issuance of special use permits is intended to provide a mechanism whereby certain structures and/or uses that are necessary and desirable but are of a unique, special, or nonrecurring nature may be permitted within certain zoning districts. In all cases the focus of the decision to grant the special use is on the perceived benefit the public interest.

In order for your special use request to receive a positive recommendation from the Zoning Board of Appeals, and for the City Council to approve the permit, you must provide evidence during the public hearing to establish that:

1. The proposed special use is identified in the ordinance as appropriate to the district under consideration.
2. The proposed use complies with all regulations set forth in the Zoning Ordinance.
3. The establishment and operation of the proposed use will not be detrimental to or endanger the health, safety, morals, or general welfare of persons residing or working in the vicinity.
4. The proposed use will provide a necessary or desirable service of facility in the interest of public convenience.
5. The proposed use will be harmonious and compatible with other property in the immediate vicinity.
6. The proposed use will not be injurious to property values or improvements in the immediate neighborhood.
7. The proposed use will contribute to the general welfare of the neighborhood and the community at large.
8. The proposed use will further community development in accordance with the comprehensive plan.

If you have any questions about the application form, the checklist, or the public hearing; please contact the Zoning Department at 777-1050.

City of Galena Use Only

Date Filed: _____ Site Visit?: ☐ Yes ☐ No If yes, date: _____

Fee Paid: _____ Receipt #: _____ Amount: $ _____

Original Special use Permit Calendar #: _____ Change-of-Ownership Cal. #: _____

Date of published notice: _____ Newspaper: _____

Name of municipality where published: _____

Action by Zoning Board on special use request: _____

_____

Comments: _____

_____