



APPLICATION FOR SPECIAL USE PERMIT
Planning & Development Services

OFFICE USE ONLY	
Petition No. _____	Fee: \$ _____
1 st Step Mtg Date: _____	EZ Fee: \$ _____
Tax Map No. _____	Receipt No. _____
Account No. 001-660-6680-3401 []	
Account No. 001-660-6680-1124 (Enterprise Zone) []	
Account No. 001-660-6680-1125 (Enterprise Zone Credit []	

Application for a special use permit will be accepted for review only after a pre-application conference (First Step Meeting). Application to be completed by applicant. Application must include a preliminary development plan. Incomplete applications will be returned to the applicant.

Name of Owner(s) (please print)	
Name:	
Address:	
Phone: _____	Fax: _____
Owner's Signature:	
(If additional owners, please include on back)	

Applicant(s)/Agent(s), if different	
Name:	
Address:	
Phone: _____	Fax: _____

PROPERTY INFORMATION: (Information below applies to property for which a Special Use Permit is being requested.)
Street address:
Tax parcel no(s):
Legal description (use separate sheet, if needed):

I hereby attest to the fact that the above supplied parcel number(s) and legal description(s) is (are) the true and proper identification of the area for which the permit is being requested.

Signature of applicant: _____ Date: _____

Certified Cashier's Receipt:

A Special Use Permit is requested pursuant to Section _____, Subsection _____, Paragraph _____, of the Land Development Code, City of Gainesville, to allow the following use:

A preliminary site plan is/is not required and is/is not attached.

Existing zoning classification: _____ Existing land use designation: _____

Existing use of property: _____

SURROUNDING PROPERTY INFORMATION: (List all uses surrounding the subject property under "Existing use." Staff is available to supply zoning and land use information.)			
	Zoning	Land Use	Existing Use
North			
South			
East			
West			

TO THE APPLICANT: (Please sign the bottom of this application after you have read the following.)

- The City of Gainesville will notify owners of property within 400 feet of the subject property of this application.
- No application for a Special Use Permit shall be entertained within 2 years after the denial or withdrawal of a request for the same use for the same property.
- The City Plan Board’s decision concerning a Special Use Permit may be appealed by the applicant to a hearing officer within 15 days of the date notification of the decision is sent by certified mail to the applicant.

Signature: _____ Date: _____

Name of Owner (please print)	
Name:	
Address:	
Phone:	Fax:
Owner’s Signature:	
(If additional owners, please list on separate sheet)	

Name of Owner (please print)	
Name:	
Address:	
Phone:	Fax:
Owner’s Signature:	

Reference: Chapter 30, Land Development Code
City Code of Ordinances, Article VII, Division 5