

**APPLICATION FOR SPECIAL USE
PLANNING COMMISSION**

The undersigned requests a Special Use Permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguards required by the Commission.

1. Name of Applicant: _____

Mailing Address: _____

Phone: _____ Email _____

2. Location Description: _____

Address: _____

Legal Description: _____

3. Existing Use: _____

4. Property Presently Zoned: _____

5. Description of Special Use: _____

a. Attach a vicinity map showing the property and plans for building, parking, traffic, etc.

b. Attach a narrative outlining the request and explain potential effects on adjacent property.

6. \$50.00 Application Fee Payable to the City of Wheeling

7. Signature of Applicant

Date

ITEMS REQUIRED TO PROCESS A SPECIAL USE APPLICATION

1. Completed Application for Zoning Compliance
2. Completed Application for Special Use Permit
3. Project Narrative stating nature of request
4. Copy of Deed to property or legal description
5. \$50.00 Application Fee
6. Plot Plan / Vicinity Map

Planning Commission Meets the 2nd Monday of each month.

Next meeting _____, at 5:00 p.m., City Council Chamber Room 103

You must be present to be heard.

Application due 3 weeks prior to meeting date.