

CITY OF AUBURN

APPLICATION FOR SPECIAL USE PERMIT

(Must Be Submitted At Least Forty Five (45) Days Prior To Meeting)

Completed Application must include all fees, a site plan application along with 10 full size copies and 1 reduced copy of site plan.

\$100.00 Fee

Applicant: _____ Date: _____

Address: _____

Telephone: () _____ Fax: () _____

Applicants Signature: _____

Owner (If different than applicant): _____

Address: _____

Telephone () _____ Fax () _____

Owner's Signature _____

Subject Property Address: _____

Legal Description (Provide the legal description of the property affected - if additional space is needed please attach on a separate sheet to this application):

Proposed Use(s): _____

For Office Use Only:

Date Filed _____ Amount Paid: _____

Hearing Date: _____ Current Zoning: _____

Parcel Identification Number: _____