

APPLICATION FOR SPECIAL USE PERMIT

Date _____

Address of Property Permit Request for:

Parcel ID# _____ Zoning District _____

Applicant Name _____

Address _____

Phone _____ Email _____

Description of Special Use:

OFFICE USE ONLY:

FEES:

TOTAL:

PAID:

Submission Requirements:

1. Original copy of the legal description of the property. Written permission demonstrated from the owner granting permission for rezoning is required. Copies of the legal description may be obtained from the property deed maintained at the County Recorder's Office in Edwardsville 692-8919.
2. Nonrefundable filing fee of \$250.00 for Variance to accompany application.
3. Posting Notice: You are required to post a notice 10 days prior to public hearing date. Posters can be picked up from Building and Zoning Office.
4. Additional questions are to be directed to the Zoning Administrator, 466-1206. Additional information may be required.
5. Meetings are held at the Village Hall, 6810 Godfrey Road, at 6:00 P.M. It is necessary to be present.
6. Your application will be submitted to the Zoning Administrator for review. In turn, if the application meets all requirements, it will be presented to the Planning and Zoning Commission. The Commission meets once each month to consider applications. Public hearings are held at the beginning of each meeting. Five to six weeks may elapse before final action results with the Village Board of Trustees. Deadlines must be met. Please inquire.

Applicant's Signature _____ Date: _____

Reviewed by Zoning Administrator _____ Date: _____

In order that the Planning and Zoning Commission may properly evaluate your application, please furnish responses to the following standards:

A. Consistency with the Comprehensive Plan:

B. Whether the use is consistent with good planning practice:

C. The impact the development would have on schools, traffic, streets, shopping, public utilities and adjacent properties:

D. Whether the application is necessary for the public convenience at that location:

E. Whether, in the case of an existing nonconformance, a Special Use permit will make the use more compatible with its surroundings:

F. Whether the application is so designed, located and proposed to be operated so that the public health, safety and welfare will be practiced:

G. Whether the application will cause injury to the value of other property in the neighborhood in which it is located:

H. Whether the Special Use will be detrimental to the essential character of the district in which it is located:

VERIFICATION

Being duly sworn on oath, I, _____, attest that all of the information I set forth in my Application for Special Use filed with the Zoning Administrator of the Village of Godfrey, an accurate copy thereof being attached hereto and made a part hereof, is true and correct to the best of my information and belief.

Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

STATE OF ILLINOIS, COUNTY OF MADISON

Notary Public: _____ SEAL