

APPLICATION FOR SPECIAL USE PERMIT



CITY OF TEMPLETON

108 South Main, PO Box 106
 Templeton, IA 51463
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****THIS BOX FOR OFFICE USE ONLY****

Date _____
 Received: _____
 Fee: _____
 Type: New Application
 Extension of Previous Permit

****COMPLETE ALL APPLICABLE SECTIONS****

ALL APPLICATIONS MUST BE ACCOMPANIED BY REQUIRED FEE.

DATE: _____

APPLICANT INFORMATION

Applicant Name:	Telephone:
Mailing Address:	City/State/ZIP
Check one of the following: <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> EXTENSION OF PREVIOUS PERMIT → Original Expiration Date: _____	

PROPERTY & OWNER INFORMATION

Property Owner's Name <small>(if applicant is not the owner)</small>	Telephone:
Mailing Address:	City/State/ZIP
Property Address: <small>(if different from above)</small>	Current Zoning:
Legal Description: <small>(Attach Additional Pages if Necessary)</small>	

PROPOSED SPECIAL USE INFORMATION

Please submit the following items to complete your application. You may use the back of this sheet or attach additional pages as necessary.

- 1. A written description of the proposed special use that addresses all aspects of the proposed special use.
- 2. A scaled drawing of the property which shows (a) property lines and existing buildings and other site improvements, (b) the extent of the proposed special use on the property, and (c) the placement of buildings on adjacent lots.
- 3. A list of ALL adjacent property owners including Names, Addresses, and Telephone numbers. All adjacent property owners will be notified of the application, and will have the opportunity to provide their input on the proposed special use.
- 4. The appropriate application fee (contact City Hall for amount) made out to the City of Templeton.
- 5. If the applicant is not the property owner, the actual owner must sign here indicating approval of the special use:

Printed Name: _____ Signature _____ Date _____

The Board of Adjustment is required to hold a public hearing on the application, at which time adjacent property owners and other affected individuals will have the opportunity to provide input. Applicants may represent themselves and/or be represented by an agent or attorney. If no objections are made, the Board shall make a decision immediately. If objections are made or additional information is required, the Board shall act on the request within 30 days of the original hearing. Permits may be valid for up to 6 months, at which time they may be renewed. If the permit is granted, a copy of this application showing the appropriate signatures and expiration date must be visible at the location of the special use at all times.

APPLICANT CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND THE INFORMATION PROVIDED IS ACCURATE AND CORRECT. I AGREE TO COMPLY WITH THE CITY OF TEMPLETON ZONING ORDINANCE AND ALL OTHER LOCAL, STATE, AND FEDERAL LAWS AND REQUIREMENTS GOVERNING THIS REQUEST, WHETHER HEREIN SPECIFIED OR NOT.

Signature of Owner: **X**

Date: _____

CITY REVIEW & APPROVAL

ZONING/BUILDING ADMINISTRATOR RECOMMENDATION	BOARD OF ADJUSTMENT REVIEW	Date Reviewed: _____
<input type="checkbox"/> Incomplete-Return to Owner (complete section below) <input type="checkbox"/> Recommend Approval-Forward to Board of Adjustment for review <input type="checkbox"/> Recommend Denial-Forward to Board of Adjustment for review	<input type="checkbox"/> PERMIT GRANTED with the following conditions: Date of Permit Expiration → _____	<input type="checkbox"/> Application does not meet ALL requirements for special use permit- PERMIT DENIED for following reasons: _____
Signature: _____	Signature of Board Chairperson: _____	
Follow-up action: _____	Follow-up action (attach additional pages if necessary): _____	