

File #

Date:

SPECIAL USE PERMIT APPLICATION

Currently Zoned (Circle One)

CITY OF MT. CARMEL

219 N. Market Street

R-1 R 2 R-3 R-4 R-5 R-6 B-1 B-2 B-3 I A FP SFHA

City of Mt. Carmel**City Hall**219 N. Market Street Mt. Carmel, IL 62863** (618) 262-4822

SECTION I. APPLICANT INFORMATION Please complete ALL sections below. [Type or Print legibly]

Applicant(s):

Phone:

Street # Direction Street Name

Reason for Special Use Permit:

SECTION II. PROPERTY INFORMATION

Property location:

Legal Description:

PIN # - - - - -

Application fee of \$ Date submitted:

SECTION III. NAMES OF ADJACENT PROPERTY OWNERS (Attach additional sheet if necessary)

NAME	ADDRESS

Do the applicant(s) herein request that there be a reporter at the hearing before the Board of Appeals? Yes No

(Signature) Applicant

(Date)

(Signature) Applicant

(Date)

OFFICE USE ONLY

Public Hearing Date

Publication of Public Hearing:

Notification of Adjacent Property Owners:

Recommendation of the Zoning Board of Appeals

Final Action by City Council:

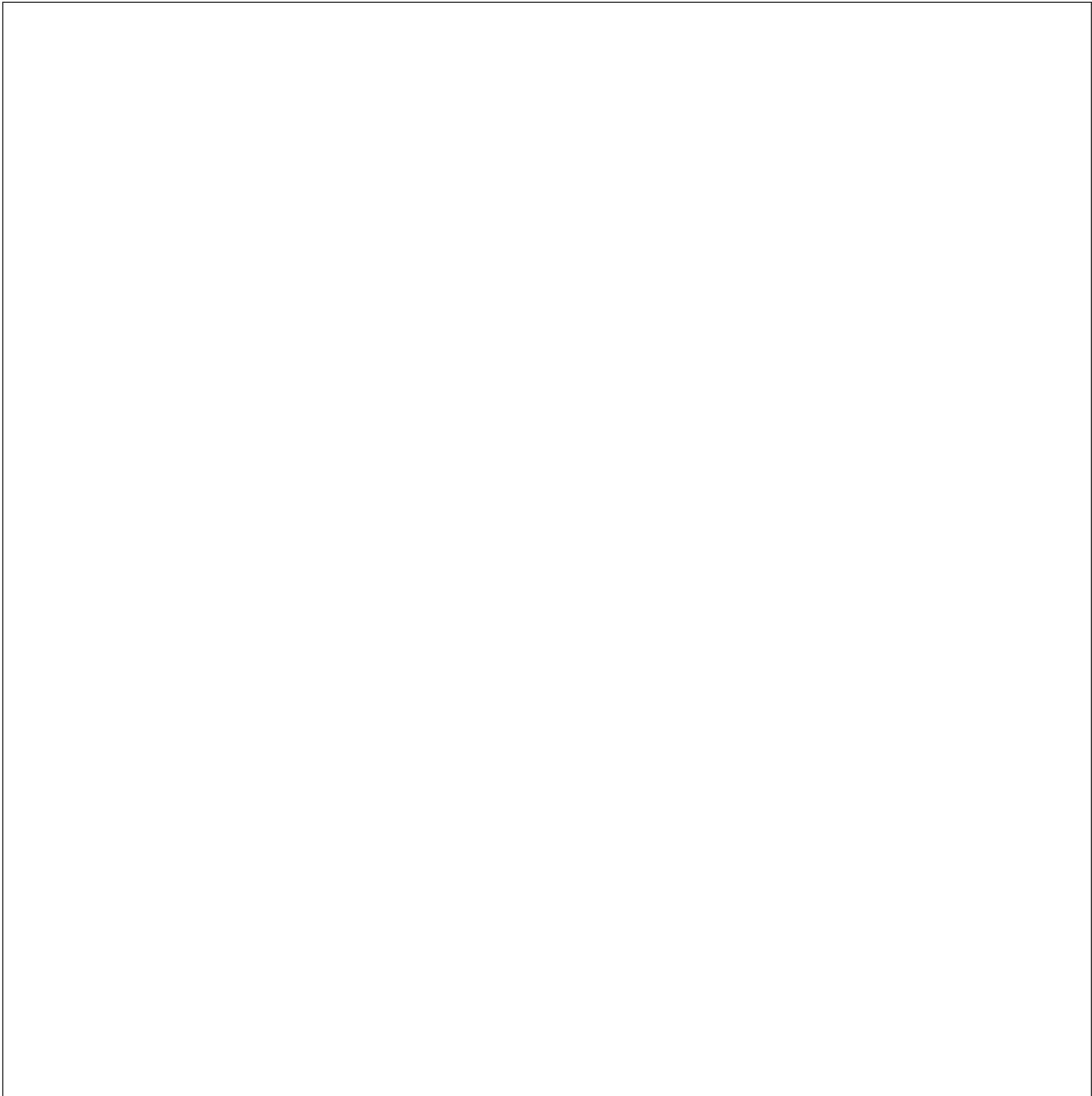
Date:

SKETCH / DRAWING

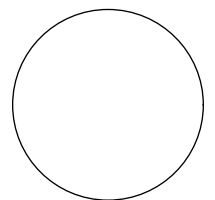
Lot Line

File # _____

Lot Line



1. Show lot lines and dimensions.
2. Show location of existing buildings and structures.
3. Show proposed building or structure: Indicate all dimensions.
4. Show distances from proposed building or structure to all property lines.
5. Show location of proposed water and / or sewer lines where applicable.
6. Indicate location of streets, cross-streets and alleys



North
(Indicated By Arrow)