TOWN OF PINE LEVEL
APPLICATION FOR
SPECIAL USE PERMITS

PERMIT #:_____

Application Date:	Tax Parcel # of Property:		
Location/ Address of Property:			
Property Owner Name:		Phone:	
Mailing Address:	City:	St:	Zip:
Fee Amount: $300	Fee Paid Date:		

I _____ hereby petition the Board to issue a
(Name of Owner/ Applicant)

Special use permit for the following use:

_____

_____

_____

_____

As further described in the attachments to this petition:

_____

_____

This petition is justified based on the facts stated as follows:

___ The proposed use would comply with all of the dimensional and other standards which this ordinance applies to all uses:

_____

_____

_____

_____

___ a variance to the following requirements has also been requested:

_____

_____

Please indicate the reasons why the proposed use meets all of the following conditions:

General Conditions

(1) Does this ordinance have specific conditions that pertain to this use

_____ Yes _____ No

If yes, how does it comply?

_____

_____

(2) Access roads or entrance and exit drives are or will be suitable in size and properly located to ensure automotive and pedestrian safety and convenience, traffic flow and control and access in case of fire or other emergency.
Reason: _____

_____

_____

(3) Off-street parking, loading refuse and other service areas are located so as to be safe, convenient, allow for access in case of emergency, and to minimize economic, glare, odor, and other impacts on adjoining properties and properties in the general neighborhood.

Reason: _____

_____

_____

_____

(4) Utilities, schools, fire, police, and other necessary public and private facilities and services will be adequate to handle the proposed use.

Reason: _____

_____

_____

_____

(5) The location and arrangement of the use on the site, screening, buffering, landscaping, and pedestrian ways harmonize with adjoining properties and the general area and minimize adverse impacts

Reason: _____

_____

_____

_____

(6) The type, size, and intensity of the proposed use, including such considerations as hours of operation and numbers of people who are likely to utilize or be attracted to the use, will not have significant adverse impacts on adjoining properties or the neighborhood.

Reason: _____

_____

_____

_____

_____ _____

Applicant's Signature **Date**

_____

Applicant's- Printed Name

_____ _____

Owner's- Signature **Date**

_____

Owner's- Printed Name

By signing this the Owner acknowledges and gives consent to the Applicant to apply for this special use permit.