

Application For Special Use Permit City of Leslie	Permit # _____ Date _____ Applicant _____
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To: _____ The City of Leslie Council & The City of Leslie Planning Commission _____

From: Applicants Name: _____

Phone Number: _____

Address: _____

Five (5) copies of this petition must be completed in full and submitted to the Zoning Administrator along with any additional information required.

A. Property Information

1. Property Description _____

2. Address of Property:

3. Existing Zoning of Property :

4. Proposed Use of Property:

5. Estimated Completion Date of Construction or Alteration (if applicable):

B. Plot Plan Requirements

1. Existing zone boundaries
2. Lot dimensions and total property area
3. Location, use and dimensions of proposed and existing structures on and adjacent to site.
4. Proposed setbacks and yards.
5. Street rights-of-way, widths and street names.
6. Location, size and number of off-street parking spaces (if applicable)
7. Provisions for water and sewer service
8. Location and names of roads and road types (state, county, city; major or local)

C. Affidavit:

The undersigned affirms that (he) (she) (they) is/are the _____
(Specify owner, lessee, or other interest) involved in this petition and that the foregoing
answers, statements and information are in all respects true and correct to the best of
(his) (her) (their) knowledge and belief.

Signed _____ Phone _____
Address _____ Date _____

*Note: The party or parties signing the above affidavit should remember that the right to
the above permit is subject to annual review and is not transferrable. The standards on
which this permit is issued must be maintained to insure annual renewal.*

Official Action:

City of Leslie Planning Commission

Date Received: _____

Action Taken: _____

Date of Public Hearing: _____

Date of Advertising: _____

Action Taken: _____

Secretary

Leslie City Council

Date Received: _____

Action Taken: _____

Date: _____

City Clerk