

**HAMLIN COUNTY
SPECIAL PERMITTED USE (SPU) APPLICATION**

PERMIT # _____

APPLICANT (PRINT): _____ **PHONE:** _____

ADDRESS: _____

OWNER (PRINT): _____ **PHONE:** _____
IF DIFFERENT THAN APPLICANT

ADDRESS: _____

DEVELOPMENT SITE LEGAL DESCRIPTION: _____

DEVELOPMENT SITE STREET ADDRESS: _____

EXISTING ZONING DESIGNATION: _____

REQUIRED APPLICATION SUBMISSIONS:

- If property adjacent to Township Road: Signatures from Township Chairman and one Supervisor
- If property adjacent to County Road: Signature from County Highway Superintendent
- If property adjacent to State Road: Signature from DOT Area Engineer
- If property adjacent to Private Road ROW: Signatures from Home Owners Association President and one Board Member.

PLEASE DESCRIBE THE PROPOSED WORK: (be specific as to distance and placement of trees, fences, etc. from ROW)

NOTE: A SITE AND AREA PLAN OF THE PROPOSED SPECIAL PERMITTED USE SHALL ACCOMPANY THIS APPLICATION, SHOWING THE FOLLOWING:

- | | |
|------------------------------------|--|
| 1. NORTH DIRECTION | 4. DIMENSIONS OF NEW FRONT AND SIDE SETBACKS |
| 2. PLACEMENT OF TREES, FENCE, ETC. | 5. LOCATION OF ADJACENT EXISTING BUILDINGS |
| 3. STREET NAMES | 6. OTHER INFORMATION AS MAY BE REQUESTED |

I hereby certify that I have read and examined this application and know the information contained herein to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I further understand and agree that the granting of a permit does not presume to give authority to violate, cancel or variance the provisions of the Hamlin County Zoning Ordinance or any other federal, state, or local law regulating construction or the performance of construction.

_____ SIGNATURE OF CONTRACTOR	_____ SIGNATURE OF APPLICANT	_____ SIGNATURE OF OWNER (IF DIFFERENT THAN APPLICANT)
DATE:	DATE:	DATE:

Site Sketch

Permit Issue Date _____

Hamlin County Zoning Officer

FOR OFFICIAL USE ONLY

Findings/Conditions:

Fee Paid: _____
Permit Expiration Date: _____
Variance/Conditional Use # _____

Date: _____
DOE Record # _____
Date: _____