CITY OF BENTON
500 W. MAIN / P.O. BOX 640
BENTON, IL. 62812
(618)439-6131 / FAX (618)435-2610

Office Use Only

Permit #: _____

Building Permit #: _____

Certificate # _____

Zoned: _____

APPLICATION FOR SPECIAL USE

Name: _____ Street Address: _____

City, State & Zip: _____ Telephone: _____

INSTRUCTIONS FOR APPLICANT

APPLICATION IS HEREBY MADE FOR A SPECIAL USE PERMIT AS REQUIRED UNDER THE ZONING ORDINANCE #1062 AS AMENDED BY THE CITY OF BENTON, ILLINOIS, COUNTY OF FRANKLIN, WHICH EXTENDS ONE AND ONE HALF MILES BEYOND EXISTING CORPORATE LIMITS. APPLICANT AGREES THAT THE SPECIAL USE PERMIT APPLIED FOR, IF GRANTED, IS ISSUED ON THE REPRESENTATION MADE HEREIN, AND SUBSEQUENT EVIDENCE PRESENTED AT A PUBLIC HEARING HEREON, AND THAT ANY PERMIT MAY BE REVOKED WITH NOTICE, ON ANY BREACH OF REPRESENTATION OR USE. APPLICANT STATES THAT THIS APPLICATION IS MADE PURSUANT TO ZONING ORDINANCE 1062 AS AMENDED, FOR A SPECIAL USE PERMIT TO ALLOW:

Reason for Request: _____

Legal Description of Property, Lot, Block, Subdivision: _____

Lot Size: _____ Square Footage: _____ Dimension of Use: _____

Type or Kind of Special Use: _____

Present Use of Property: _____

Have You Attempted to Locate This Use in an Area That Permits its Use?: _____

Have You Provided for the Following: (ANSWER YES OR NO)

_____ Access to property without endangering automotive/pedestrian traff c?

_____ Access for emergency vehicles? _____ Easy access to buildings on property? _____ Adequate off street parking?

_____ Is there an odor problem? Adequate yard and other open space?

_____ Will the granting of this special use devalue adjoining properties?

_____ Are adequate refuse and service areas provided by applicant?

_____ Are all utilities in place (water, electricity, and sewer)?

_____ Required screening or buffering in place? _____ Will there be any signs, or exterior lighting needed?

_____ Will signs/exterior lighting, create glare, traffic haza d, or devaluation?

_____ Will signs/exterior lighting be compatible with adjoining properties?

_____ Is there use generally compatible with properties in the area?

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Please Mail NOTICE of Public Hearing to:: _____

Office Use Only

Zoning Administrator: _____ Date: _____

Fee Paid: _____ Date of Public Hearing: _____ Publication Date: _____

Posted City Hall: _____ Posted on Property: _____ Other Public Place: _____