



City of Benton
 1403 S Main Street/P.O. Box 640
 Benton, IL 62812
 618-439-6131

OFFICE USE ONLY

Permit #: _____
 Building Permit #: _____
 Certificate #: _____
 Zoned: _____

Application for Special Use

Name: _____ Street Address: _____

City, State, Zip: _____ Telephone: _____

INSTRCUTIONS FOR APPLICANT

APPLICATOIN IS HEREBY MADE FOR A SPECIAL USE PERMIT AS REQUIRED UNDER THE ZONING ORDINANCE #1062 AS AMENDED BY THE CITY OF NENTON, 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 traffic?
- _____ Access for emergency vehicles? _____ Easy access to buildings on property? _____ Adequate 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, sewer, electricity)?
- _____ Required screening or buffering in place? _____ Will there be any signs or exterior lighting needed?
- _____ Will signs/exterior lighting create glare, traffic hazard or devaluation?
- _____ Will signs/exterior lighting be compatible with adjoining properties?
- _____ Is there use generally compatible with properties in 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 at City Hall: _____ Posted on Property: _____ Other Public Place: _____