

SPECIAL USE PERMIT APPLICATION

Application No. _____
Filing Date _____
\$660 Filing Fee Received _____
(application fee is non-refundable)

TO: Plan Commission, Moline, Illinois

The undersigned Owner of Record or Agent requests that a Special Use be granted, under the Zoning Ordinance of the City of Moline, Illinois.

Legal Description from Deed or Survey: _____

Property Location (Street Address): _____

Total Area (Acres or Square Feet): _____

Present Zoning: _____

Proposed Special Use: _____ Sec. of Ordinance: _____

Site Plan and Elevations Submitted: _____

Signature of Owner of Record or Authorized Agent - Authorized Agent must present written authorization from Owner of Record.

Signature

Date

Phone Number