

**SPECIAL USE PERMIT – QUESTIONNAIRE**

NAME: \_\_\_\_\_ TAX CODE # \_\_\_\_\_

THE BOARD OF ZONING APPEALS IS HERE TO CAREFULLY CONSIDER YOUR REQUEST. TO THIS END, IT IS IMPORTANT THAT THE BOARD FULLY UNDERSTANDS THE SCOPE OF YOUR REQUEST. PLEASE COMPLETE THE QUESTIONNAIRE. IF A QUESTION DOES NOT APPLY TO YOUR REQUEST, INDICATE NA (NOT APPLICABLE).

1. Type of request? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Describe in detail the proposed activity, business, or use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How many full time employees? \_\_\_\_\_ How many part time employees? \_\_\_\_\_
4. How many employees are not occupants of the residence on site? \_\_\_\_\_
5. Days and Hours of operation? \_\_\_\_\_  
\_\_\_\_\_
6. Number and sizes of existing parking spaces (9 ft. x 20 ft. required) and/or open storage/display areas provided on site. \_\_\_\_\_  
\_\_\_\_\_
7. Number and sizes of proposed parking spaces (9 ft. x 20 ft. required) and/or open storage/display areas on site. \_\_\_\_\_  
\_\_\_\_\_
8. Provisions made for safe entrance and exit to the site. \_\_\_\_\_  
\_\_\_\_\_
9. Is the street servicing the proposed activity, business or use capable of handling the increase in traffic to be generated? \_\_\_\_\_  
\_\_\_\_\_
10. Do you intend retail sales on this site? If so, describe the type of sales and the size of the area that will be utilized for the sales. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Will there be any noise, vibration, smoke, dust, odor, heat or glare which may potentially leave the boundaries of this site? \_\_\_\_\_ If yes, explain how the impact will be reduced: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. List the type of tools, equipment or machinery which will be required to operate your proposed activity, business or use. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Estimated number of daily customers and/or clients? \_\_\_\_\_  
\_\_\_\_\_
14. If pick up and/or delivery services are required to operate the activity, business, or use: How many per day? \_\_\_\_\_  
What type of vehicle will be picking up and/or making deliveries? (EXAMPLES: U.P.S., Semi, pickup truck, automobile) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Does this request require the construction of any additional structures on the site? \_\_\_\_\_  
 If yes, how many? \_\_\_\_\_ Sizes? \_\_\_\_\_ Heights? \_\_\_\_\_ Describe type of structure  
 to be constructed and its intended use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. If the proposed activity, business, or use is to be operated from an existing structure on site, describe the size, type,  
 and current use of the structure. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Do you propose any buffering (such as fences, hedges, mounding, deciduous or evergreen trees) to minimize the  
 impact of this proposal on you neighbors? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
18. Any proposed signs? \_\_\_\_\_ If yes, Number? \_\_\_\_\_ Size? \_\_\_\_\_  
 Single or double faced? \_\_\_\_\_ Lighted? \_\_\_\_\_ Wall mounted or free standing? \_\_\_\_\_
19. Any existing signs? \_\_\_\_\_ If yes, Number? \_\_\_\_\_ Size? \_\_\_\_\_  
 Single or double faced? \_\_\_\_\_ Lighted? \_\_\_\_\_ Wall mounted or free standing? \_\_\_\_\_
20. To the best of your knowledge, has this property ever been involved in a previous Board of Zoning Appeals or Plan  
 Commission action? \_\_\_\_\_ If so, describe in detail the action taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Have you had any conversation with your neighbors regarding your proposal? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
22. How will the Special Use be consistent with the spirit, purpose and intent of the Zoning Ordinance? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
23. How will the Special Use not substantially and permanently injure the appropriate use of neighboring  
 property? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
24. How will the Special Use substantially serve the public convenience and welfare? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
25. Any additional information that you wish to provide the Board regarding the details of your proposed request?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: The staff recommends you review any deed restrictions and private subdivision covenants and restrictions recorded on the real estate.

THIS QUESTIONNAIRE **MUST** ACCOMPANY YOUR APPLICATION. IF THE APPLICATION DOES NOT INCLUDE THE COMPLETED QUESTIONNAIRE, IT WILL BE CONSIDERED INCOMPLETE AND THE STAFF WILL NOT ACCEPT THE APPLICATION.