

PETITION FOR SPECIAL USE PERMIT

VILLAGE OF ST. JOSEPH
P.O. BOX 716
207 E. LINCOLN STREET
ST JOSEPH, IL 61873
217-469-7371
217-469-7019 (FAX)

1. Name of Applicant: _____

Address: _____

Phone #: _____

2. Name of All Owners: _____

Address _____

Phone #: _____

3. Street address of property

4. Legal description of property (include map):

5. Current Zoning of Property:

6. Special Use Requested:

7. Reason for Request:

8. Why is current zoning inadequate?

9. Explain why special use will not be detrimental to neighborhood and Village.

10. What is intended use of premises or improvements?

Date Filed: _____

Fee Paid: _____

Zoning Board of Appeals: Approved _____ Disapproved _____

Planning Commission: Approved _____ Disapproved _____

Board of Trustees: Approved _____ Disapproved _____