



SPECIAL USE PERMIT APPLICATION

TO: PLAN COMMISSION, EAST MOLINE, ILLINOIS

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

Legal Description from Deed or Survey: _____

Property Location (Street Address): _____

Total Area (Acres or Square Feet): _____

Current Zoning: _____

Proposed Special Use: _____ Section of Ordinance: _____

Justification for Special Use: _____

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

E-mail

Office Use Only:

Application No. _____

Filing Date _____