

City of St. Elmo, Illinois
Special/Temporary Use Permit Application

Name: _____ Telephone: _____

Address of lot(s): _____

Zoning District: _____ Date: _____

Nature of Proposed Special Use: _____

Explain in detail, what affect the special use would have on the overall character of the general vicinity. If little or no affect is expected, explain why. (Address items such as: appearance; property values; attraction of future similar development; street access; parking; provisions of public utilities and services; traffic flow around site; noise; odor; hazardous substances or operation, etc.)

Provide a **plan sketch, drawn to scale**, showing: The general project site location; dimension and shape of the lot; front, side and rear yard setbacks; location of any existing or proposed structures or alterations on the lot; and complete outside dimensions and heights of any proposed structures or alterations. This sketch is your final sketch. Any changes to the plans after submitting this sketch will require reapplying for the permit, another hearing and an additional \$45.00 fee.

If temporary use permit, what period of time is requested? _____

(City use only)

Date of public hearing: _____ \$45.00 fee paid

Request for special/temporary use permit: _____ approved _____ denied by the
Conditions of Approval:

Reason for Denial:

By: _____ Date: _____
Chairperson, Zoning Board of Appeals