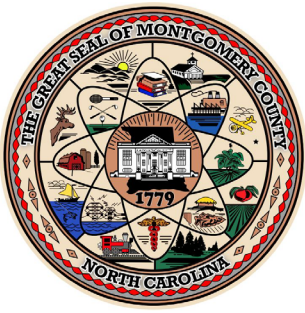




Montgomery County Central Permitting

Planning and Zoning Department

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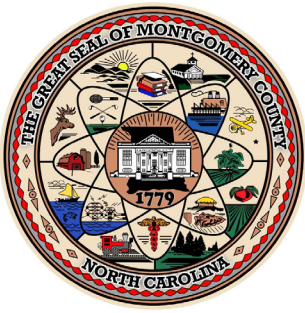
Special Use Permit Application

APPLICATION NO. SU-____-20____

Fee Amount \$300.00 Receipt#____ Date Received _____ Initials _____

Name of Applicant				Name of Owner			
Address				Address			
City		State	Zip	City		State	Zip
Home Phone		Business Phone		Home Phone		Business Phone	

Parcel Identification Number(s):	Land Use Plan Designation:
Existing Use:	Proposed Use:
Existing Zoning:	Property Size (Acres) and Area Dimensions (if known):
Property Address:	Is the property located in floodplain according to local FEMA map?
The following is requested (check one): ☐ SUP ☐ SUP- Temporary	



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Proposed special use requested and reason why (use separate sheet if more space is needed or to provide more detail):

****A site plan or plat prepared by a certified surveyor showing the dimensions of the parcel with all existing structures, setbacks, adjacent streets, driveways, water, sewer/septic facilities, buffering, and location/type of existing vegetation and buffers on property for the special use, must be submitted with this application. Also submit a draft of any existing or proposed protective covenants whereby the owner proposes to regulate and otherwise protect the property and a draft of easement declarations concerning maintenance of the land and/or facilities. ****

Establishment of the burden of proof relevant to the issuance of a SUP

All seven (7) conditions (below) must be met in order for the Board of Adjustment to grant a special use permit. Please speak to these seven (7) conditions individually, citing fact. Use an additional sheet if needed:

1. That the establishment, maintenance, or operation of the special use will not be detrimental to or endanger the public health, safety, moral, comfort, or general welfare.



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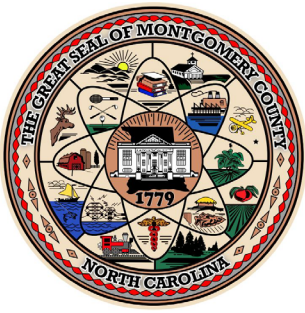
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2. That the special use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purpose already permitted, nor substantially diminish and impair property values within the neighborhood.

3. That the establishment of the special use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district.

4. That the exterior architecture appeal and functional plan of any proposed structure will not be so at variance with either the exterior architectural appeal and functional plan of the structures already constructed or in the course of construction in the immediate neighborhood or the character of the applicable district, as to cause a substantial depreciation in the property values with the neighborhood.

5. That adequate utilities, access roads, drainage and/or other necessary facilities have been or are being provided.



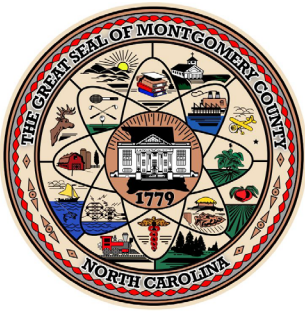
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6. That adequate measures have been or will be taken to provide ingress and egress so designated as to minimize traffic congestion in the public streets.

7. That the special use shall, in all other respects, conform to the applicable regulations of the district in which it is located, except as such regulations may, in each instance, be modified by the Board of Adjustment.



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Owner/Applicant Must Read and Sign

Affidavit: The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the foregoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief, WITH THE UNDERSTANDING THAT ANY INCORRECT INFORMATION SUBMITTED MAY RESULT IN THE DELAY OR RESCHEDULING OF THE REQUIRED PUBLIC HEARING AND MAY RESULT IN THE REVOCATION OF THIS APPLICATION. ***I understand that a representative or I must attend the Board of Adjustment meeting.*** I hereby authorize the County of Montgomery to review this request, visit the site, and contact any appropriate design professional in relation to questions generated as a result of the review.

Print Name (Property Owner)

Daytime phone number of contact

Signature of Property Owner

Date

Print Name (Applicant or Agent)

Daytime phone number of contact

Signature of Applicant or Agent

Date