



VILLAGE OF FORSYTH

301 S. Route 51 P.O. Box 80

Forsyth, IL. 62535

Phone: (217) 877-9445/ Fax: (217) 877-9863



SPECIAL USE PERMIT REQUEST FORM

OWNER:

APPLICANT:

1. Name: _____

2. Address: _____

3. Phone: _____

4. Location of property: _____

5. Legal Description of property: _____

6. Requested exception(s) to the Zoning Ordinance:

7. Provide a brief narrative of what you are asking for and why the special use is needed:

8. Existing zoning of property: _____

9. Provide a description (picture, drawing, plat, survey, or plat) of what you are requesting.

10. \$50.00 Application Fee: _____

Signature: _____ Date: _____

Special Use Permit

Special uses which, because of the unique character, cannot be properly classified in any particular district or districts without consideration, in each case, of the potential impact of those uses upon neighboring lands and upon the public need for the particular use or particular location.

**If more room is needed, please use the back side of this form or attach another piece of paper.