

SPECIAL USE PERMIT APPLICATION

City of American Falls City of Rockland Power County

1. Street/Road Address of Proposed Special Permit Use:				
2. Legal Description	Lot:	Block:	Subdivision	Description Attached:
3. Owner:	Address:	City, State, Zip Code:		Telephone:
4. Contractor:	Address:	City, State, Zip Code:		Telephone:
5. Architect/Engineer	Address:	City, State, Zip Code:		Telephone:
6. Describe the development for which a Special Use Permit is requested.	*Appropriate Plans Must be Attached.			
Signature:	<p>This signature acknowledges that all information on the application and the attached plans is true and correct, AND that the activity permitted will be conducted in full compliance with all ordinances of the City or County, and State and Federal laws; AND that the activity conducted will be in full compliance with any and all conditions imposed on the permit's approval. Note: that conditions attached to approval of a Special Use Permit will be binding on future building permits issued on the site.</p> <p>Unless extended by an approved development agreement, this permit expires in two years if the activity authorized is not commenced and diligently pursued toward completion OR if the activity is commenced but abandoned for one year at any time before completion.</p>			
	Applicant's Signature _____			Date _____
OFFICIAL OFFICE USE				
Application accepted by: _____		Date: _____		Application Fee Received:
Notice Published:	Notice to Neighbors:	Site Posted:	Hearing:	Notice of Decision:
Use/SLUC:	Density: Units/acres	Sq. ft. Comm or Ind.		Number of Parking Spaces
SPECIAL USE APPROVED: <input type="checkbox"/> SPECIAL USE DENIED: <input type="checkbox"/>		COMMISSION ACTION: Motion by: _____ Seconded by: _____ Vote: _____ Signature _____ Date: _____		
Conditions Imposed: _____		*Performance Standard Checklist Must be Attached.		
*Additional sheets may be attached as needed.				