



APPLICATION FOR SPECIAL USE PERMIT

(For staff only) PC Case No. _____

Filing Date _____

\$650 Filing Fee (non-refundable) submitted: _____

The undersigned Owner of Record or Agent requests that a Special Use be granted in accordance with the Zoning and Land Development Code of the City of Moline, Illinois.

Legal Description from Deed or Survey (attach additional sheets if necessary):

Property Location (Street Address): _____

Total Area (Acres or Square Feet): _____ Zoning Classification: _____

Proposed Special Use: _____

Code Section: _____

Owner Name: _____

Owner Mailing Address: _____

Owner Phone Number: _____ Owner Email Address: _____

Applicant/ Authorized Agent Name: _____

Applicant Mailing Address: _____

Applicant Phone Number: _____ Applicant Email Address: _____

Signature of Owner of Record or Authorized Agent
Note: Authorized Agent must attach written authorization from Owner of Record.

Signature Date

REQUIRED ATTACHMENTS: site plan(s), project narrative, building elevations and floor plans, Interested Party Disclosure