



**TOWN OF WINTER PARK
PLANNING & ZONING COMMISSION
APPLICATION FOR SPECIAL USE PERMIT**

APPLICANT: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

EVENT DAY(S) CONTACT: _____

CELL PHONE NUMBER: _____

PROPERTY OWNER: _____

ADDRESS: _____

STREET ADDRESS OF PROPERTY FOR SPECIAL USE: _____

LEGAL DESCRIPTION OF PROPERTY: _____

EVENT DATE(S): _____

DETAILED DESCRIPTION OF SPECIAL USE REQUESTED: _____

REASONS WHY THIS SPECIAL USE SHOULD BE GRANTED: _____

The applicant agrees that if this request is granted, he will proceed with its implementation in accordance with the provisions of Section 7, Chapter 9, Special Use Permit Procedures, of the Winter Park Town Code, a copy of which applicant has received and read. The applicant further affirms that he is able from financial, legal and physical basis to satisfy all requirements associated with this request. Applicant must be present at the Planning & Zoning Commission hearing or the application will not be heard.

Applicant's Signature

Date

For Office Use Only

Date Received _____

Received By _____

\$150 Fee Received _____

Applicant will also be invoiced for cost of Legal Notice publication and adjoining property owner certified mailing.