Contact Information: Date of Application: Other Special USE APPLICATION Contact Information: Date of Application: Other Spirat County FS Application Fee: Application, mailing, and hearing costs are the responsibility of the application free. Application Fee: Application, mailing, and hearing costs are the responsibility of the application free. Application Fee: Application Fee

1. Please identify the Township, Parcel Number and Address: 2. State the reason(s) for the proposed Special Use: I, the applicant, hereby declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I also certify that I understand that I am responsible for the initial application

I, the applicant, hereby declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I also certify that I understand that I am responsible for the initial application filing fee due at the time of submission of the application, the costs of notice (including publication and mailing), and court reporter costs at the ZBA hearing.

Applicant's Signature:	
Applicant's Printed Name:	
Date:	

ZONING ADMINISTRATOR'S RECEIPT Application for Special Use

Application Number:	
A. The Christian County Zoning Administrator certifies the following:	
Applicant has submitted 16 copies of the Application.	
B. This application will be transmitted to the ZBA: with comments or recommendation. without comments or recommendation.	3/13/23
Christian County Zoning Administrator	Date
Initial ZBA Hearing Date: 2/28/23	