



CITY OF AZTEC SPECIAL USE APPLICATION

Application Year: _____ Application No.: _____ Application Date: _____

Applicant Name: _____

Applicant Address: _____
(Street Name) (City) (State) (Zip Code)

Applicant Phone: _____

Is Applicant Owner of Property? _____

Legal Description of the Property:
(Or address if different than above) _____

Total Area of Property (acres): _____

Zoning District: _____

Present Use of Property: _____

Desired Use of Property: _____

Reason for Requesting a Special Use Permit:

Plan Map Available? YES NO
(Plan map is required, failure to provide a plan map will cause a delay in the process)

Applicant's Signature _____ Date _____

Planning & Zoning Board Meeting Date: _____

ACTION: APPROVED DENIED

City Commission Meeting Date: _____

ACTION: APPROVED DENIED

City Planner _____ Date _____