
CITY OF AZTEC Special Use Permit Evaluation

This is the form that the City of Aztec Planning Staff will use to evaluate the merits of the Special Use to make a recommendation to the Planning Board and City Commission.

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

Applicant Name: _____

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

Applicant Phone: _____

- | | No | Yes |
|--|--------------------------|--------------------------|
| 1. Is the Special Use desirable within the district or neighborhood? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the Special Use impose a health issue on the public? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Special Use impose a safety issue on the public? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the Special Use detrimental to the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the Special Use detrimental to surrounding property or neighborhood? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has a majority of the property owners within 100 ft signed a written protest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the Special Use comply with minimum City or State standards for fire protection, ingress/egress of traffic, licensing, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |