

ZONING REGULATIONS

400 Attachment 1

City of Byrnes Mill

Special Use Permit

(attach Special Use Permit Process Sheet)

Date: _____ Owner/Requester _____

Property Location or Description: _____

Special Use Description: _____

Limitations/Restriction (if any): _____

Current Zoning District _____

A business license is required YES [] NO []

Reviewed and recommended by Planning and Zoning YES [] NO []

Approved by the Board of Alderpersons YES [] NO []

THIS PERMIT IS VALID FOR ONE YEAR DURING WHICH TIME THE SPECIAL USE MUST REMAIN COMPLIANT WITH BYRNES MILL ORDINANCE SECTIONS 400.605 AND 400.607.

Date: _____

Mayor, City of Byrnes Mill

Attest:

City Clerk

Owner/Requester