

LEXINGTON TOWNSHIP

**APPLICATION FOR SPECIAL LAND USE
PLANNING COMMISSION**

Owner Name(s) _____

Date _____

Owner Address _____

Property Tax Code _____

Post Office, State and Zip Code _____

Phone _____

Address and/or Location of Site (if different from above):

Reason for Application of Special Land Use Permit, in detail:

List Type of Products to be Sold, Produced, any Other Functions, Etc:

Days of the Week and Hours of Operation. If Seasonal, Include the Weeks or Months of Operation:

Will there be any of the following, if yes, please indicate and explain; AUCTIONS, TRUCK TRAFFIC, FENCING, ADDITIONAL LIGHTING OR GREEN BELT:

IF THIS SPECIAL LAND USE PERMIT IS NOT INITIATED WITHIN SIX (6) MONTHS OF ISSUANCE OR IF NOT IN OPERATION FOR A CONSECUTIVE SIX (6) MONTH PERIOD (EXCLUDING SEASONAL BUSINESS) THIS PERMIT WILL BECOME NULL AND VOID.

DATE OF ISSUANCE: _____

SIGNATURE OF OWNER

SIGNATURE OF ZONING ADMINISTRATOR

ATTACH SITE PLAN, WHICH WILL INCLUDE ALL EXISTING AND PROPOSED BUIDINGS INCLUDING SIZES, INSIDE/OURSIDE STORAGE, OFF-STREET PARKING (HOW MANY SPACES), ANY OUTSIDE DISPLAYS, INGRESS AND EGRESS, GREEN BELT AND/OR FENCING, SIGN SIZE AND LOCATION, ANY OTHER INFORMATION.