

LEXINGTON TOWNSHIP
APPLICATION FOR SPECIAL LAND USE
PLANNING COMMISSION

Office Use Only	
Fee	Zoned

Owner: _____ Date: _____
Address: _____ Property Tax I.D.#: _____
Building Site Address: _____
Phone: _____ Parcel/Lot Size: _____
Email: _____ (In acres or square feet)

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

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

Proposed Days and Hours of Operation:

Days of the Week: _____ Will this be a seasonal business? yes no
Hours of Operation: _____ IF yes, list the Weeks or Months of Operation: _____

MUST INCLUDE DOCUMENTATION AND OR A WRITTEN STATEMENT SHOWING COMPLIANCE WITH SPECIFIC STANDARDS OF THE USE LISTED IN CHAPTER 14* OF THE ZONING ORDINANCE

* Or any other section of the ordinance which holds applicable standards

- | | |
|--|---|
| <input type="checkbox"/> Section _____ | <input type="checkbox"/> Documentation Attached |
| <input type="checkbox"/> Section _____ | <input type="checkbox"/> Written Statement Attached |

Application MUST also include a SITE PLAN

ATTACH a diagram of the proposed structure, location of structure on the lot, the distance to the front, side and rear lot lines. All existing buildings, utilities, septic and the well. All other defining features must be noted on the SITE PLAN. The Planning Commission must approve any/all changes.

Site Plan must show:

- | | |
|---|---|
| <input type="checkbox"/> All Existing Buildings | <input type="checkbox"/> Setbacks from all lot lines |
| <input type="checkbox"/> Building dimensions | <input type="checkbox"/> Off-Street Parking - number of spaces |
| <input type="checkbox"/> Proposed Buildings/Additions | <input type="checkbox"/> Outdoor display area |
| <input type="checkbox"/> Proposed structure(s) dimensions | <input type="checkbox"/> Ingress / Egress - location |
| <input type="checkbox"/> Inside/Outside Storage | <input type="checkbox"/> Sign - size and location |
| <input type="checkbox"/> Green Belt - size and location | <input type="checkbox"/> Loading /Unloading - size and location |
| <input type="checkbox"/> Fencing - height and location | <input type="checkbox"/> Lighting - type and location |

All items on the Site Plan must comply with Zoning Ordinance Standards

Owner/Agent* Signature _____

*If signed by an Agent must have permission from owner attached to application

Inspection: To verify compliance with this permit, it may be necessary for the Zoning Administrator or his/her agent to enter the premises at reasonable times to certify the information contained in this permit until a certificate of occupancy is issued.

Zoning Administrator _____

Date of Issuance: _____

Please be advised that 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 periods (excluding seasonal business) this PERMIT WILL BECOME NULL and VOID.