

Special Use Permit Application

Village of Heyworth

108 S. Buchanan Street
 P.O. Box 439
 Heyworth, IL 61745-0439
 P: (309) 473-2811
 F: (309) 473-2291



Application Date: _____

Applicant:
 Name: _____
 Address: _____

 Telephone Number(s): _____
 Email : _____

- SPECIAL USE PERMIT APPLICATION FEES DUE WHEN APPLICATION IS SUBMITTED
- APPLICANT IS RESPONSIBLE FOR PUBLISHING COSTS, INVOICE WILL BE SENT TO APPLICANT UPON RECEIPT

Property to which request applies: Tax Parcel I.D. _____
 Address: _____

Describe in Detail the Special Use. (e.g., Request to allow construction of a modular home in an R1 District).

Describe in Detail How Special Use Request meets the Standards of Review (Standards are enumerated on back of form):

For Office Use Only	
Date Received:	Special Use Permit Fee: \$
ZBA Meeting Date:	Date Posted/Published:
Village Board Meeting Date:	Date Posted/Published:

**For Zoning Board of Appeals Use Only
FINDINGS OF FACT**

DATE OF REVIEW/HEARING: _____ NO. MEMBERS PRESENT: _____ Quorum? Y / N

ZBA BOARD MEMBERS PRESENT:
Chairperson/Acting Chairperson: _____

MEMBERS OF PUBLIC PRESENT AND SPEAKING (Incl. Name, Address, Notes, For/Against):

- STANDARDS OF REVIEW (Check Boxes if it is determined that the following have been Met):
- The subject property is suitable for the proposed special use.
 - The proposed special use is allowed in the zoning district, and is compatible with the use of nearby properties.
 - The proposed special use will not substantially diminish or impair property values within the neighborhood.
 - The proposed special use will not impair an adequate supply of light and air to adjacent property, substantially increase the danger of fire, or otherwise endanger the public health, safety or welfare.
 - The trend of development, if any, in the general area of the property in question, warrants this proposed special use in this zoning classification.
 - The general purpose and intent of the Zoning Code will be adhered to should the special use be granted.

MOTION:

- APPROVAL: The Standards of Review have been met.
- APPROVAL: With Following Conditions: _____

- DENIAL: The Standards of Review have not been met.

MADE BY: _____ 2ND: _____

VOTE TALLY: YES _____ NO _____

RECOMMENDATION: APPROVAL APPROVAL W/ CONDITIONS DENIAL

CERTIFICATION OF RECOMMENDATION:
Chairperson of ZBA: _____
Signature Date