



Application for Special Use

CITY OF BENTON | Recreated fillable application | 618-439-6131

Download, fill and save in a PDF reader, or print and complete by hand. Use the online form for submission to cityclerk@bentonil.gov. Do not email Social Security numbers, driver license numbers or completed identity cards. Supply those privately to City Hall. A typed name is not a notarized signature.

The original application cites Zoning Ordinance #1062 as amended and requires representations and evidence at a public hearing. Review the complete original wording in the reference pages. Submission is not a permit.

Applicant

Name

Street address

City, state, ZIP

Telephone

Property and proposed use

Reason for request

Legal description: lot, block, subdivision

Lot size

Square footage

Dimension of use

Type or kind of special use

Present use of property



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Attempted to locate this use in a permitted area?

Site checklist

Access without endangering automotive or pedestrian traffic?

Easy access to buildings?

Odor problem?

Would use devalue adjoining properties?

All utilities in place (water, sewer, electricity)?

Signs or exterior lighting needed?

Signs / lighting compatible with adjoining properties?

Access for emergency vehicles?

Adequate street parking?

Adequate yard and open space?

Adequate refuse and service areas?

Required screening or buffering in place?

Would signs / lighting create glare, traffic hazard or devaluation?

Use generally compatible with area properties?

Signatures and notice

Applicant signature / typed name

Applicant date



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Owner signature / typed name

Owner date

Mail public hearing notice to

City review - staff only

Permit number

Building permit number

Certificate number

Zoned

Zoning administrator

Review date

Fee paid

Public hearing date

Publication date

Posted at City Hall

Posted on property

Other public place



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Original city form - reference pages

The following pages reproduce the city-published source form without edits. Review all instructions, certifications, required attachments, fees and signature requirements. Historic addresses and fees appear as originally published; confirm current requirements with the City Clerk. The recreated application is a convenience version for city review.



City of Benton
1403 S Main Street/P.O. Box 640
Benton, IL 62812
618-439-6131

OFFICE USE ONLY

Permit #: _____
Building Permit #: _____
Certificate #: _____
Zoned: _____

Application for Special Use

Name: _____ Street Address: _____

City, State, Zip: _____ Telephone: _____

INSTRCUTIONS FOR APPLICANT

APPLICATOIN IS HEREBY MADE FOR A SPECIAL USE PERMIT AS REQUIRED UNDER THE ZONING ORDINANCE #1062 AS AMENDED BY THE CITY OF NENTON, ILLINOIS, COUNTY OF FRANKLIN, WHICH EXTENDS ONE AND ONE-HALF MILES BEYOND EXISTING CORPORATE LIMITS. APPLICANT AGREES THAT THE SPECIAL USE PERMIT APPLIED FOR, IF GRANTED, IS ISSUED ON THE REPRESENTATION MADE HEREIN, AND SUBSEQUENT EVIDENCE PRESENTED AT A PUBLIC HEARING HEREON, AND THAT ANY PERMIT MAY BE REVOKED WITH NOTICE, ON ANY BREACH OF REPRESENTATION OR USE. APPLICANT STATES THAT THIS APPLICATION IS MADE PURSUANT TO ZONING ORDINANCE #1062 AS AMENDED, FOR A SPECIAL USE PERMIT TO ALLOW:

Reason for Request: _____

Legal Description of Property, Lot, Block, Subdivision: _____

Lot Size: _____ Square Footage: _____ Dimension of Use: _____

Type or Kind of Special Use: _____

Present Use of Property: _____

Have You Attempted to Locate This Use in an Area that Permits Its Use?: _____

Have You Provided for the Following: (Answer YES or NO)

- ____ Access to property without endangering automotive/pedestrian traffic?
____ Access for emergency vehicles? ____ Easy access to buildings on property? ____ Adequate Street Parking?
____ Is there an odor problem? ____ Adequate yard and other open space?
____ Will the granting of this special use devalue adjoining properties?
____ Are adequate refuse and service areas provided by applicant?
____ Are all utilities in place (water, sewer, electricity)?
____ Required screening or buffering in place? ____ Will there be any signs or exterior lighting needed?
____ Will signs/exterior lighting create glare, traffic hazard or devaluation?
____ Will signs/exterior lighting be compatible with adjoining properties?
____ Is there use generally compatible with properties in area?

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Please mail NOTICE of Public Hearing to: _____

OFFICE USE ONLY

Zoning Administrator: _____ Date: _____

Fee Paid: _____ Date of Public Hearing: _____ Publication Date: _____

Posted at City Hall: _____ Posted on Property: _____ Other Public Place: _____