

SPECIAL USE PERMIT REQUEST**CITY OF WAKEFIELD**

DATE _____

APPLICATION # _____

APPLICANT NAME _____
ADDRESS _____
CITY/STATE/ZIP _____PHONE _____
EMAIL _____

SPECIAL USE REQUEST

LOCATION OF REQUEST _____

Zoning District _____

APPLICATION REQUIREMENT:

Applicant shall submit at least four (4) copies of a site plan for the proposed use. The site plan shall show the location of all existing and proposed buildings, landscaping, parking areas and individual spaces, points of egress and ingress, fencing, lot dimensions, adjoining streets and structures, and all water courses and flood designated areas.

***Other special conditions are required for special use requests for Child Care Center/Pre-Schools, Public/Private Swimming Pools, Kennels, Auto Wrecking Yards, Junk Yards, Salvage Yards and Scrap Processing Yard, Funeral, Mortuary or Crematory Services. Special Condition will be provided by the Zoning Administrator.**

City Use

Notice of Hearing Publication	Location _____	Date _____
Notice of Hearing Posting	Location _____	Date _____

Planning Commission Public Hearing Date _____ Time _____

Special Recommendations or Comments

City Council Public Hearing Date _____ Time _____

Special Recommendations or Comments

Special Use Permit ☐ Approved ☐ Denied Effective Date _____

Zoning Administrator _____