In order to submit this form, you should open it with Adobe Acrobat Reader.

SPECIAL LAND USE & PUBLIC HEARING

Complete the application details and submit any required supporting materials for review.

Optional Pre-Public Hearing Discussion. The Zoning Administrator shall forward a copy of the complete application for the Special Land Use Request to the Planning Commission when a Pre-Public Hearing Discussion is requested.

This application is subject to all Township, County, and State laws, ordinances, rules, and regulations now in force, and the undersigned applicant agrees to abide by them as a condition of receiving the permit.

Applicant's Name *

First Name Last Name

Applicant's Mailing Address

Street Address

Street Address Line 2

City State / Province Postal / Zip Code

Applicant's Email Address *

example@example.com

Applicant's Phone Number *

Please enter a valid phone number.

Are you the property owner *

Yes
No

Property Owner's Name (if you answered no above)

First Name Last Name

Property Owner's Email Address (if you answered no above)

example@example.com

Property Owner's Phone Number (if you answered no above)

Please enter a valid phone number.

Parcel Number *

Parcel ID # (ex. 59017-000-000-00

Property Address *

Street Address

Street Address Line 2

City State / Province Postal / Zip Code

Zoning District *

- R-1 Rural Agricultural Residential
- R-2 Low Density Residential
- R-3 Medium Density Residential
- R-4 Manufactured Home Park
- C-1 General Commercial
- C-2 Highway Commercial
- I Industrial

Present Use *

Proposed Use *

Details of Proposed Project *

Applicable Zoning Ordinance Sections *

Required Application Material

Application

Site Plan A map of entire property, clearly details all boundaries, existing and proposed structures, setbacks, utilities, and major landscaping or access feature

Letter or signed narrative describing proposed special land use and details why the location selected is appropriate

Additional information which may be necessary (view protection, excessive noise or adverse impact on surrounding properties)

Authorization and Certification
I hereby authorize appropriate Reynolds Township Planning Commission/Zoning Administrator to enter upon the above-described property during normal business hours to conduct required inspections. I hereby certify, under the penalties of perjury, that the above information is true and correct.

Date Signed by Applicant *

Month Day Year

Owner or Agent Phone *

Please enter a valid phone number.

Owner or Agent Email Address *

example@example.com

Zoning Admin Decision *

Approved

Denied

Reason for Denial

Zoning Administrator Signature

Zoning Administrator Signed Date

Month Day Year

Date Application Sent to Planning Commission

Month Day Year

DO NOT GO BELOW HERE

SPECIAL USE TIMELINE DOCUMENTATION

Name and Organization Requesting the Special Use

Application Received Date

Month Day Year

Planning Commission Meeting Date

Month Day Year

Public Hearing Date

Day Year

Date Notice Mailed to Residents within 300 feet

Month Day Year

Newspaper Published Date

Month Day Year

Planning Commission Decision

Approved by Planning Commission
Denied by Planning Commission

Reason for Approval or Denial

Special Use Conditions

Estimated Project Start Date

Month Day Year

Planning Commission Signature

Planning Commission Date Signed

Day Year

Clerk Certification Date

Month Day Year

Submit Application