

City of South Charleston

MUNICIPAL PLANNING COMMISSION

P. O. Box 8597 South Charleston, WV 25303

Telephone: 304-720-5985 Fax: 304-720-5989 E-mail: mtitlow@cityofsouthcharleston.com

APPLICATION FOR SPECIAL PERMIT

Please	e complete the following:	
1.	Name, address, and telephone number of applicant:	Email:
		Phone number:
2.	Deed book and page number of property in question: _	
3.	Present zoning classification of property:	
4.	Give reason for Special Permit including compatibility we conditions, and other matters affected by the change.	rith use of neighborhood character, traffic
5.	Attach a list of names and addresses of all abutting property owners of subject property.	
6.	 IF APPLICABLE ATTACH COPIES OF DEVELOPMENT PLAN SHOWING: a. North arrow, scale, date, vicinity map b. Existing and proposed streets, utilities (easements), building, structures, drives, and significan natural or man-made features. Those to be removed shall be designated by dashed lines. c. Proposed landscaping, screening and buffer areas. d. Zoning and present use of adjoining properties including those across streets and alleys. 	
7.	Fee of One Hundred Fifty Dollars (\$150).	
8.	Applications must be filed with the Secretary to the Board by the fifteenth (15 th) of each month no later than 11am to be placed on the next month's Agenda. Hearings are scheduled on the second (2 nd) Wednesday after the first (1 st) Tuesday of each month. a. Each applicant must appear personally or by counsel or agent at their scheduled hearing date.	
		Petitioner

^{*}Each applicant must be in good standing with all departments of the City of South Charleston before filing this application.