

**CITY OF CLINTON, IOWA  
ZONING BOARD OF ADJUSTMENT  
APPLICATION FOR SPECIAL USE PERMIT**

For office use only:

Case number \_\_\_\_\_ Date filed \_\_\_\_\_

*Special uses are those uses having some special or unique characteristic which require a careful review of their location, design, configuration and special impact to determine the desirability of permitting their establishment on any given site. They are uses which may or may not be appropriate in a particular location depending upon consideration in each case of the public need and benefit and the local impact and all within the context of the intent and purpose of Section 159.049 and 159.080 of the Zoning Regulations.*

Name of applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant's address \_\_\_\_\_

Applicant's phone/email \_\_\_\_\_

Property owner \_\_\_\_\_  
(if same as applicant, write "same")

Location of property \_\_\_\_\_

Sequence number \_\_\_\_\_

Legal description \_\_\_\_\_  
\_\_\_\_\_

**Application for a special use permit:**

A special use permit is requested to allow a(n) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

such as permitted by Section 159.049 Special Uses of the Zoning Regulations.

**Facts supporting this request:**

Provide a written statement that addresses how the applicable criteria for a special use permit, as required per Section 159.049 of the Special Use Zoning Regulations, will be satisfied. The proposed of the building or use will NOT:

1. Substantially increase traffic hazards or congestion.

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2. Substantially increase fire hazards.

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3. Adversely affect the character of the neighborhood.

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4. Adversely affect the general welfare of the community.

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5. Overtax public utilities.

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6. Be in conflict with the Comprehensive Plan.

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*If the Board's findings are affirmative as to any subject referred to in items 1 through 6, then such application shall be denied. Any proposed special use shall otherwise comply with all of the regulations set forth in the Zoning Regulations for the district in which such use is located, except that the Zoning Board of Adjustment may permit hospitals and institutions to exceed the height limitation of any such district.*

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**Zoning Board of Adjustment Authority**

In considering all appeals and all proposed exceptions or variations to this chapter, the Zoning Board of Adjustment shall, before making any exceptions or variations from this chapter in a specific case, first determine that per 159.080(E)(6) it will not:

1 – Impair and adequate supply of light and air to adjacent property

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2 – Unreasonably increase the congestion in public street

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3 – Increase the danger of fire or endanger public safety

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4 – Unreasonably diminish or impair established property values within the surrounding area

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5 – Impair the public health, safety, comfort, morals, or welfare of the inhabitants of the city

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**Site plan required:**

Any application to permit new construction, extensions or alteration of existing uses and uses authorized by Section 159.049 of the Zoning Regulations requires a site plan (as required by 159.049(B)(1), and the necessary descriptive material relating to the intensity and extent of the use in order to allow the Zoning Board of Adjustment to investigate as to the effect of the building or use.

A large grid of dashed lines, intended for drawing a site plan. The grid consists of 20 columns and 30 rows of squares, providing a structured area for architectural or engineering drawings.

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I (we) certify that I (we) have notified all adjacent property owners of the purpose of this application.

I (we) further state that if this request is granted, I (we) will proceed with the actual construction in accordance with the plans herewith submitted, and I (we) will be able from a financial, legal and physical basis to do so.

I (we) understand that if this waiver is granted, this waiver will be valid for 1 year from the date the Board grants said waiver.

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Signature of property owner

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Signature of property owner

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Street address

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Street address

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City, State ZIP

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City, State ZIP

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Phone number / email

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Phone number / email

*If the applicant is other than the property owner, sign below:*

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Signature of applicant

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Signature of applicant

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Street address

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Street address

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City, State ZIP

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City, State ZIP

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Phone number / email

---

Phone number / email

*Affix by staple any attachments behind this sheet.*