



For Office Use Only:
Application No.: _____
Date Received: _____

CITY OF JOHNSTON

Date: _____

APPLICATION FOR SPECIAL USE PERMIT

IS HEREBY REQUESTED BY:

NAME/FIRM/CORPORATION

STREET

CITY

STATE

ZIP

PHONE

FAX

EMAIL

FOR PROPERTY LOCATED AT: _____

LEGALLY DESCRIBED AS: _____

SPECIAL USE PERMIT SOUGHT: _____

PRIMARY CONTACT, IF DIFFERENT FROM APPLICANT:

NAME

ADDRESS

PHONE

FAX

EMAIL

Signature of Appellant: _____

A filing fee of \$150.00 (payable to the City of Johnston) and all supporting information as required in the Zoning Ordinance must accompany the application.