SCOTTS BLUFF NEDRASKA	City of Scottsbluff, Nebraska Special Use Permit Application				
Date:			DO NOT WRITE IN THIS BLOCK		
Address (Location) of requested Special Use:			Permit Number:		
Applicant's Name			Special Use Permit Approved Denied		
Applicant's Address:			Date Issued:		
City:	State:	Zip:	Comp. Plan Land Use:	Zone:	
Telephone:	Mobile:	Email:	Attached: Plot Plan		
Property Owner:			☐ Legal Description (in word) ☐ \$100.00 filing fee		
Property Owner's Address:		,			
City:	State:	Zip:	□ \$3.00 per proper	\$3.00 per property owner within 300-feet	
Telephone:	Mobile:	Email:	□ Receipt #		
Description of the nature of the use for which the Special Use Permit is requested (Why and What): Legal Description: Zoning Ordinance Section pertaining to Special Use Permit: Please attach the following:					
 Copy of Plot Plan (showing property lines, dimensions, existing structures, proposed structures, easements, etc Legal Description on a CD/Disk (in Word) \$100.00 filing fee 					
I, the undersigned, hereby certify that I agree to be bound by all requirements of the ordinances of the City of Scottsbluff and any other conditions that may be place concerning the use for which a Special Permit is requested. I have also read and am familiar with the City Ordinances and will comply with these requirements; and that the statements herein contained are true and correct to the best of my knowledge and belief. Property Owner(s) of Record: Date:					
Applicant's Signature: Date: Remarks: (Insert here any information not covered above)					