



**APPLICATION FOR
SPECIAL EXCEPTION**

Name of Applicant: _____

Applicant's Phone Number: _____

Mailing Address: _____

Location Description:

Describe generally the nature of the Special Exception:

Justification of Special Exception: For a special exception to be granted, the applicant must prove to the Zoning Commission that the provisions of the City of Byron zoning Ordinance have been met.

a. What is the existing land use? : _____

b. What is the land use for all the adjoining properties? _____

I certify that the information contained in this application and its supplement is true and correct.

Applicant's Signature

Date

PLEASE FILE ONE COPY WITH THE BYRON BUILDING, PLANNING AND ZONING OFFICE