



# Application for Special Zoning Permission

**For City Staff Use Only**

File No. \_\_\_\_\_  
 Date Filed \_\_\_\_\_  
 Appl. Review \_\_\_\_\_  
 PC Recom \_\_\_\_\_  
 CC Action \_\_\_\_\_

1. Applicant's Name(s) \_\_\_\_\_  
 Street/City/Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email or Fax # \_\_\_\_\_  
 Interest in Subject Property \_\_\_\_\_
2. Property Owner's Name(s) \_\_\_\_\_  
 Street/City/Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email or Fax # \_\_\_\_\_
3. Address of Subject Property \_\_\_\_\_
4. Please provide legal description of subject property or attach one to the application  
 Lot(s) \_\_\_\_\_  
 Block(s) \_\_\_\_\_  
 Addition \_\_\_\_\_  
 Parcel #(s) \_\_\_\_\_
5. The subject property is located at or on \_\_\_\_\_  
 \_\_\_\_\_ street(s), between \_\_\_\_\_  
 street and \_\_\_\_\_ street on the \_\_\_\_\_ side of the street.
6. The area (in sq. ft. or acres) of the subject property is \_\_\_\_\_
7. The present zoning of the subject property is \_\_\_\_\_
8. Type of community living arrangement (check one):  
 Community-based Residential Facility  
 Child Welfare Agency  
 Group Home for Children
9. Proposed name of facility \_\_\_\_\_
10. Administrator's/Operator's Name \_\_\_\_\_  
 Phone # \_\_\_\_\_
11. Maximum number of residents requested as part of special zoning permission \_\_\_\_\_
12. Special needs or problems of the intended residents of this proposed facility \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Treasury Use #2422

13. Age range of residents: \_\_\_\_\_ to \_\_\_\_\_

14. Status of CLA license:

- \_\_\_\_\_ Not yet applied for
- \_\_\_\_\_ Pending
- \_\_\_\_\_ Issued license # \_\_\_\_\_
- Date issued \_\_\_\_\_
- Expiration date \_\_\_\_\_

15. Number of off-street parking spaces \_\_\_\_\_

16. The reasons why the proposed CLA should be located on the subject property \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. The existing use(s) of the subject property is (are) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. The existing use(s) of adjacent property is (are):

- North \_\_\_\_\_
- East \_\_\_\_\_
- South \_\_\_\_\_
- West \_\_\_\_\_

19. The proposed time schedule for use of the subject property as described above is \_\_\_\_\_

\_\_\_\_\_

20. I (we), the undersigned, do hereby make application and petition the City Council for special zoning permission as requested above, and in support of this application present the above facts concerning the proposed CLA and the immediate vicinity of the subject site.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signatures \_\_\_\_\_  
\_\_\_\_\_

**Note: Application filing fee is \$450 payable by check made out to the City of Eau Claire**