

**CITY OF BLOOMFIELD
APPLICATION / PERMIT for SPECIAL EXCEPTION
(Short term use only)**

DATE: _____

NAME OF APPLICANT (OWNER): _____

ADDRESS: _____

PHONE: _____

PROPERTY LOCATION ADDRESS: _____

TOTAL ACREAGE OF PROPERTY: _____

CURRENT ZONING: _____

USE REQUESTED FOR: _____

DATE / DURATION of request: _____

REASONS FOR REQUEST, use additional sheets if needed: _____

CURRENT USE OF PROPERTY: _____

APPLICANTS (OWNER) SIGNATURE

DATE

=====
FOR OFFICIAL USE ONLY

ACTION TAKEN BY PLANNING AND ZONING DEPARTMENT:

___ APPROVED

___ DENIED

ZONING ADMINISTRATOR

DATE