



VILLAGE OF BRIGHTON

206 S Main St
PO Box 458
Brighton, IL 62012

Application for
SPECIAL USE PERMIT

NAME OF APPLICANT: _____

Date: _____

PROPERTY OWNER: _____

Property Address: _____

Zoned: _____

Parcel ID Number: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

Leasing Agency: _____

Agency Address: _____

Acting Agent: _____

Phone Number: _____

Purpose of Permit: _____

I understand that this application shall be referred to the Zoning Board for a public hearing. A report will be sent to the Village Board for review.

I understand that I am personally liable for the costs necessary to provide the public and adjacent property owners with notice of the hearing on this application.

I understand that any permit granted pursuant to this application may be subject to such protective restrictions, as the Village Board may deem necessary.

Signature of Applicant or Acting Agent