

**CITY OF LESLIE
APPLICATION FOR SPECIAL EXCEPTION
PLANNING AND ZONING COMMISSION**

PLEASE NOTE THAT THIS APPLICATION IS DUE BACK IN THE OFFICE OF THE CITY CLERK NO LATER THAN THE 20TH OF EACH MONTH:

ADDRESS OF APPLICANT(S): _____

PHONE NUMBER: _____

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY WHERE SPECIAL EXCEPTION IS REQUESTED: _____

**ATTACH COPY OF PLAT

PRESENT ZONING CLASSIFICATION OF PROPERTY: _____

SPECIAL EXCEPTION REQUEST: _____

I HEREBY CERTIFY THAT I AM THE OWNER, OR LEGAL AGENT OF THE OWNER, IN FEE SIMPLE OF THE ABOVE REFERENCED PROPERTY.

APPLICANT

DATE

NOTE: IN THE EVENT THE APPLICANT FOR A SPECIAL EXCEPTION REQUEST IS SOMEONE OTHER THAN THE CURRENT OWNER OF THE PROPERTY, THE APPLICANT MUST ATTACH A LETTER FROM THE CURRENT OWNER AUTHORIZING THE FILING OF THIS APPLICATION.