Planning & Development Department

CONDITIONAL USE PERMIT

APPLICATION MUST BE COMPLETED IN FULL

ALL FEES ARE DUE AT TIME OF APPLICATION AND ARE NON-REFUNDABLE

REQUEST:

Requested Conditional Use: _____

Description of Request: _____

Length of Time Requested: _____

Existing Use of Property: _____

Existing Zoning District: _____

Related Case Number: _____

PROPERTY INFORMATION:

Address (if known): _____

General Location (include nearest city/town): _____

_____

Size in Acres: _____ Square Feet: _____

Legal Description: Section: _____ Township: _____ Range: _____

Assessor's Parcel Number: _____

Subdivision Name (if applicable): _____

APPLICANT INFORMATION:

Name: _____ Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ FAX #: _____

E-mail Address: _____

PROPERTY OWNER INFORMATION:

Name: _____ Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ FAX #: _____

E-mail Address: _____

Applicant's Signature: _____ Date: _____

DEPARTMENT USE ONLY:

Case #:	Zoning Map #:	Supervisorial District:
Date of Submittal:	Accepted By:	
Fees:		