

**APPLICATION
FOR
CONDITIONAL USE PERMIT**

Parcel ID# _____ S _____ T _____ R _____

Name of Development: _____

Vicinity of Development (address): _____

Current Zoning: _____

Proposed Use: _____

PROPERTY OWNER	APPLICANT (if different than owner)
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:

SURVEYOR / ENGINEER	CONTACT PERSON
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:

I/we, the (owner(s)/duly authorized agent), do hereby make application for a Conditional Use Permit described with this application.

Owner's Signature (all owners must sign): _____ *Date:* _____

Owner's Signature: _____ *Date:* _____

OFFICE USE ONLY			
Date application filed:	_____		
PC Hearing date:	_____		
Fees:			
Application amount:	\$ _____	Receipt #	_____
Date Fees Paid:	_____	Application #	_____