CONDITIONAL USE REQUEST

APPLICANT INFORMATION

Owner name | Mailing address | City, State, Zip

Phone | Fax | Email

BUSINESS NAME: _____

PROPERTY OWNER INFORMATION

Owner name | Mailing address | City, State, Zip

Phone | Fax | Email

BUSINESS NAME: _____

PROPERTY INFORMATION

PROJECT ADDRESS: _____
STREET CITY STATE, ZIP

PARCEL ID NUMBER: _____

ZONING ON PROPERTY: _____

PRESENT USE OF PROPERTY: _____

PROPOSED USE OF PROPERTY: _____

CONDITIONAL USE TYPE (CODE SECTION): _____

EXPLAIN BASIS UPON WHICH THE APPLICANT BELIEVES THE CONDITIONAL USE SHOULD BE APPROVED, WITH AN EXPLANATION OF HOW THE PROJECT WILL MEET THE CONDITIONS AS LISTED IN THE CITY CODE:

_____

_____

_____

BY SIGNING BELOW, I HEREBY ATTEST THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

SIGNATURE OF OWNER:_____ DATE: _____

OFFICE USE

CITY STAFF REVIEWED:_____ DATE: _____

DIRECTOR OF COMMUNITY DEVELOPMENT APPROVAL: _____ DATE: _____