

File #

Conditional Use Application

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| Applicant Information | Applicant _____ Mailing address _____ City _____ State _____ Zip _____ Telephone (____) _____ Fax (____) _____ |
| Property Ownership | Property Owner(s) _____ Mailing address _____ City _____ State _____ Zip _____ Telephone (____) _____ Fax (____) _____ |
| Contact Person | Contact Person(s) _____ Telephone (____) _____ Fax (____) _____ E-mail _____ <p style="text-align: center; font-size: small;"> * All staff correspondence will be sent only to one designated contact person. * Addresses and telephone numbers do not have to be repeated if provided above. </p> |
| Request | Location address _____ Current Zoning _____ Present use _____ Provide a brief description of proposed use on subject property. Describe those things, which you feel justify the action requested. List the specific sections of the Zoning Ordinance which have a bearing on your request: _____ _____ Description of the activities, # of units and hours of operation of the proposed conditional use: _____ _____ A proposed starting date of land disturbance or construction, date of completion for all improvements and use opening or date of first occupancy: _____ _____ A list of activities undertaken by the developer and subsequent occupant to mitigate all adverse impacts upon the surrounding properties before, during and after the completion of development activities: _____ _____ _____ _____ |