

PLANNING AND ZONING COMMISSION

- Conditional Use Permit
- Planning or Zoning Change

NAME: _____
 ADDRESS: _____
 PHONE: () _____
 Person or Agent Representing Above: _____

 Address: _____
 Phone: () _____

DATE: _____
 FEE PAID: _____
 RECEIPT NO. _____
 APPLICATION NO: _____
 REVIEW BY ZONING ADMINISTRATOR:
 DATE: _____
 SIGNATURE: _____
 THIS APPLICATION MUST INCLUDE A
 SCALED DRAWING OF THE PROPERTY,
 GIVING ALL DIMENSIONS, PROPERTY
 LINES, LOCATION OF ALL STRUCTURES
 (EXISTING AND PROPOSED), DISTANCES
 IN FEET FROM EXISTING PROPERTY
 LINES OF ALL STRUCTURES.

Property Address: _____
 Reason for Use or Change: (GIVE A DETAILED DESCRIPTION OF YOUR PROJECT)

TOTAL AREA OF PROJECT (Square Footage or Acres) OUTSIDE DIMENSIONS OF ALL STRUCTURES.

Present Zone: _____
 Estimated Time Permit will be used? PERMIT MUST BE RENEWED EACH YEAR.

Date Reviewed or Public Meeting Called _____

BOARD ACTION BY VOTE:	Vote	Vote
_____	_____	_____
_____	_____	_____
_____	_____	_____

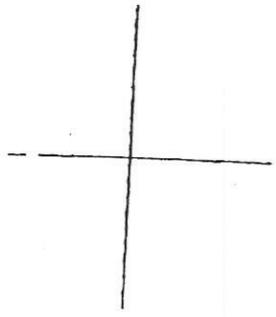
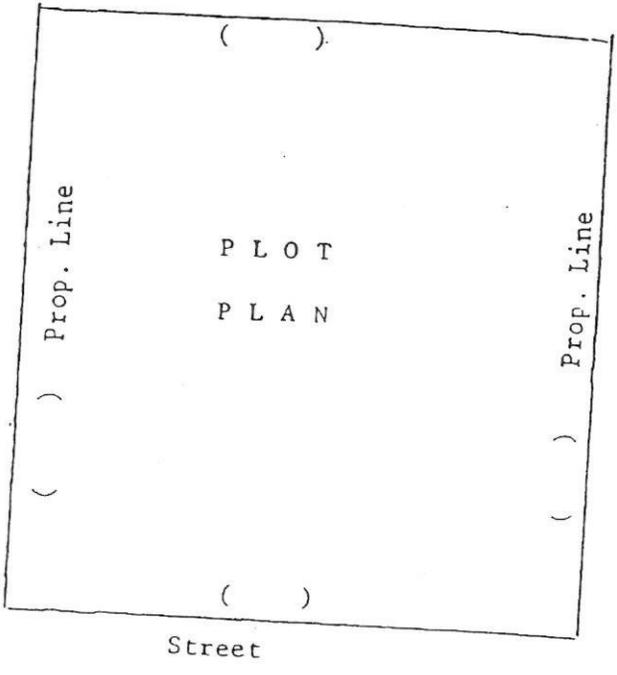
Date of City Council meeting for Action: _____
 City Council Determination: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

SETBACKS IN FEET

FRONT	SIDE	SIDE	REAR

Indicate Street
if Corner Lot



Indicate North