

PLANNING AND ZONING COMMISSION

Conditional Use Permit

Planning or Zoning Change

Plat Map Attached

NAME: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

Person or Agent Representing Above: _____

Address: _____

Phone: _____ Cell Phone: _____

PROPERTY ADDRESS: _____

REASON FOR 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)

SIGNATURE OF APPLICANT: _____

Date of Planning and Zoning meeting for action: _____

FEE PAID: _____

DATE: _____

RECEIPT #: _____