

**APPLICATION FOR
CONDITIONAL USE PERMIT**

1. APPLICANT _____ PHONE (____)_____

ADDRESS _____ FAX (____)_____

_____ E-mail _____

NAME OF AGENT (if any) _____ PHONE (____)_____

ADDRESS _____ FAX (____)_____

_____ E-mail _____

2. APPLICANT'S INTEREST IN SUBJECT PROPERTY: _____

3. PRESENT USE OF PROPERTY _____

4. PRESENT ZONING _____

5. CONDITIONAL USE REQUESTED _____

6. ZONING AND EXISTING LAND USE OF ADJACENT PROPERTIES

LAND USE	ZONING
North	North
South	South
East	East
West	West

The owner hereby declares that all information above is true to the best of his/her knowledge, that all conditions and standards set out in the Zoning Regulations pertaining to this conditional use have been met or have been proposed to be met, and that, along with this application, sketch maps and the appropriate fee have been submitted.

APPLICANT

AUTHORIZED AGENT

Signature

Signature

Date

Date



FOR OFFICE USE ONLY

CASE NO.:	_____
DATE RECEIVED:	_____
FEE PAID:	_____
RECEIVED BY:	_____

Date Advertised for Hearing: _____

Public Hearing Date: _____

Action of Planning Commission: _____

BOCC Action Date: _____

Action of BOCC: _____