Permit #



Date Received

CONDITIONAL USE PERMIT APPLICATION

(Applications are due by 12:00 PM the Wednesday prior to the Planning & Zoning Meeting)

APPLICANT / AG	ENT*	PHONE NUMBER							
Mailing Address									
	I								
OWNER			PHONE NUMBER						
Email			Cell Phone #						
*All City correspondence will be with the applicant/agent only									
LOT INFORMAT	ION								
Parcel ID#		Tax ID#	Current Zoning						
Property Address									
Legal Description _									
	Lot Block Subdivision								
Section	Township	Range	Acres						
CONDITIONAL USE INFORMATION									
<u>Please read</u> the conditional use permit review criteria on the following page, before you complete the description and justification information below. Each request for a conditional use permit shall be consistent with the adopted conditional use permit review criteria.									
DESCRIPTION OF REQUESTED CONDITIONAL USE									

CONDITIONAL USE PERMIT REVIEW CRITERIA

A request for a conditional use shall be permitted to be approved, approved with conditions or denied. Each request for a conditional use approval shall be consistent with the criteria listed below:

- 1. The request is consistent with all applicable provisions of the comprehensive plan.
- 2. The request shall not adversely affect adjacent properties.
- 3. The request is compatible with the existing or allowable uses of adjacent properties.
- 4. The request can demonstrate that adequate public facilities, including roads, drainage, potable water, sanitary sewer, and police and fire protection exist or will exist to serve the requested use at the time such facilities are needed.
- 5. The request can demonstrate adequate provision for maintenance of the use and associated structures.
- 6. The request has minimized, to the degree possible, adverse effects on the natural environment.
- 7. The request will not create undue traffic congestion.
- 8. The request will not adversely affect the public health, safety or welfare.
- 9. The request conforms to all applicable provisions of this code.

Conditional Use Application Process

- 1. Application complete, fee paid & turned into Planning Department for review.
- 2. Planning & Zoning Commission reviews at next meeting & forwards to City Council to set hearing date.
- 3. City Council sets hearing date (usually next City Council scheduled meeting).
- 4. Certified notices go to neighbors within 150' of property lines.
- 5. City Council public hearing.
- 6. If approved, there will be a one year review (no sooner than 12 months and no later than 18 months).
- 7. All conditional uses are subject to review by the planning & zoning commission and/or the legislative body at anytime.

*When a conditional use permit is abandoned or discontinued for a period of 1 year, it shall not be reestablished, unless authorized by the legislative body on appeal. A conditional use permit shall be revolution that the applicant fails to comply with conditions imposed.						
TO BE TRUE AND CORRECT. THE GRANT	INED THIS APPLICATION AND KNOW THE SAME FING OF THIS PERMIT DOES NOT PRESUME TO CEL THE PROVISIONS OF ANY FEDERAL, STATE					
Signature of Applicant / Agent	Date					
Signature of Owner						

APPLICATION REVIEW Application Complete Fees Paid Submit to the Planning & Zoning Commission for consideration and recommendation. Set hearing date with City Council Mail certified letters to neighboring property owners within 150 feet, 10 days prior to hearing date. Conduct hearing with City Council Scan documents to address file PLANNING & ZONING COMMISSION Meeting Date Action CITY COUNCIL Meeting Date Action CITY COUNCIL Meeting Date Action	**********	*****	********	*********	******
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Application Complete	************	*****	**********	**********	*****
Application Complete					
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Notes: CITY COUNCIL Meeting DateAction	 □ Application Complete □ Fees Paid □ Submit to the Planning & Z □ Set hearing date with City 0 □ Mail certified letters to neighbearing date. □ Conduct hearing with City 	Council ghboring prop Council			
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Application Fee \$ Date Paid Cash/Credit Card/Check# Receipt	Angelianian Franch	D.: I		1.# D	