

Conditional Use Permit Renewal Application

Application Fee: \$150

A conditional use is a unique use which, because of its distinct characteristics, cannot be classified in any particular district or districts, without consideration, in each case, of the impact of that use upon neighboring land and of the public need for the particular use at the particular location.

Plan Commission Meetings are held on the 3rd Monday of each month.

Although not required, it is recommended that the applicant attend these meetings.



Applicant Information

1. Applicant Name _____ Phone Number _____

Address _____

Email _____

2. Owner Name _____ Phone Number _____

Address _____

Email _____

3. Prepared By Company Name _____ Name _____

Address _____

Phone Number _____ Email _____

Property Information

4. Property Address _____

5. Parcel Identification # (PIN) _____ 6. Location of Site (attach map) _____

7. Legal Description (attach an additional sheet if necessary) _____

8. Current Zoning District _____ 9. Parcel Acreage _____

10. Original Conditional Use Permit request from Section 520-_____ of the Zoning Ordinance to allow _____

11. Issuance Date of Original Conditional Use Permit _____

12. Expiration Date of Current Conditional Use Permit _____

13. Number of Times Permit has been renewed _____

14. Describe compliance with conditions imposed by Conditional Use Permit (use additional pages if necessary)

15. Describe any changes in circumstance (ownership, buildings, lot size) that have taken place since the issuance of the original permit _____

Applicant Acknowledgement

To the best of my knowledge, I certify that the information provided on this application and accompanying documents are true and accurate. I also understand that submitting this application authorizes the Zoning Administrator or his/her designee to enter onto the property for the purposed outlined operation.

Applicant Date

Owner Date

Prepared By Date

FOR OFFICE USE ONLY:

Application Received _____ Check # _____

Plan Commission:

Meeting Date _____ Recommendation: Approved / Denied

Renewal Recommendation: 1 year 2 year 3 year 4 year 5 year

Conditions (see attached)