



LAND USE APPLICATION CONDITIONAL USE REQUEST

FILE NUMBER _____

Date Received _____

Date Deemed Complete _____

Applicable Zoning Ordinance Criteria: _____

Applicant:

Name(s) _____

Address _____

Phone _____ E-mail address _____

Legal Owner: (if different from applicant)

Name(s) _____

Address _____

Proposed Conditional Use:

Description of Request and the Proposed Use:

Existing Property Description:

Township _____ Range _____ Section _____ Tax Lot(s) _____

Zoning Designation _____
(If EFU or FU, soil information is required with your statement)

Located within an UGB? _____ If yes, which city? _____

Physical Address _____

General Location _____

