APPLICATION FOR CONDITIONAL USE PERMIT

Board of Zoning Appeals

Application	Di-
CATTACHER CONTRACTOR	SACS

The undersigned requests a conditional use permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguards required by the Board. If this use is discontinued for a period of more than six (6) months, this permit shall automatically expire.

	1.	Name of Applicant	
		Mailing Address	
		Phone Number Home	Business
	2.	Locational Description: Subdivision Name	
		Section Township	Range
		Block Lot No	
		(If not in a platted subdivision attach a legal description)	
	3.	Existing Use	
	4.	Zoning District	
	5.	Description of Conditional Use	
	6.	Supporting Information: Attach a plan for the proposed use (in parking and loading areas, traffic access and circulation drives, op and refuse and service areas. Also attach a narrative statement rel plain the economic, noise, glare, and odor effects on adjoining projectent and other properties in the district.	en space, landscaping, utilities, signs, yards, ative to the above requirements and also ex-
Date.			
			Applicant
		For Official Use Only	
Date	Filed		
Date	of No	otice to Parties in Interest	
Date (of No	rtice to Newspepers	
Date (of Put	blic Hearing	

Decision of Board of Zoning Appeal	is: Approved		Denied	
If approved the following condition	s and safeguards were	prescribed:		
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