

**TOWN OF SOUTH PRAIRIE  
CONDITIONAL USE PERMIT APPLICATION**

<b>FOR TOWN USE ONLY</b>
Date received:
Fee paid:
Receipt #:
Received by:

**APPLICANT INFORMATION**

**Applicant's Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone/FAX \_\_\_\_\_

If owner is different from applicant, what is the legal relationship of the applicant to the owner that entitles the applicant to make application? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Owner's Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone/FAX \_\_\_\_\_

*I (we) grant the above applicant permission to use my (our) property in the manner described in this application.*

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Representative's Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone/FAX \_\_\_\_\_

*We the above signatories attest under penalty of perjury that the information in this application is true and accurate. We also understand that it is our responsibility to understand and comply with all applicable federal, state, and local regulations.*

**CONTACT PERSON/ENTITY**

Please designate a single person/entity to receive determinations and notices from the Town

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone/FAX \_\_\_\_\_

**GENERAL INFORMATION**

Project Address/Location \_\_\_\_\_

Assessor Parcel Number(s) \_\_\_\_\_

Current Zoning \_\_\_\_\_

Is the proposed land use listed as a conditional use in the Zoning Ordinance for this zoning district? \_\_\_\_\_ (If no, then a conditional use permit cannot be issued.)

Current Land Use \_\_\_\_\_

Proposed Land Use, including traffic volumes, hours of operation, and other relevant data (attach sheet if necessary)

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