APPLICATION FOR CONDITIONAL USE
To The Board of Supervisors

1. Name of Applicant: _____
Address:_____
(Street) (City) (State) (Zip Code)
Home Phone No._____ **Business Phone No.**_____

2. Name of Owner: _____
Address: _____
(Street) (City) (State) (Zip Code)
Home Phone No._____ **Business Phone No.** _____

3. Name of Attorney: _____
Address:_____
(Street) (City) (State) (Zip Code)
Home Phone No._____ **Business Phone No.**_____

4. The subject property is located as follows (street address, tax parcel number, and a narrative of general location.
_____
_____
_____
_____

5. Existing use of land and/or buildings:_____
_____

6. Proposed use of land/or buildings:_____
_____

7. Section of the Ordinance authorizing the Board of Supervisors to review the conditional use approval.
_____

8. Proposed use: _____

9. Provide a narrative addressing the conditions listed in Section 195-188.A. (1)-(4) and F.(1)-(5) and the conditions specifically listed in Article 25 for the conditional use described in #8 above_____
_____
_____
_____
_____
_____

10. A site plan, ground floor plans and elevations of proposed structures in accordance with Section 195-188A must accompany this permit application and be made a part hereof.

_____ _____
(Date submitted) **(Signature of Applicant)**

_____ _____
(Date) **(Signature of Owner)**

Note: Filing fee - $_____
OFFICE USE ONLY
Date received _____ **Fee paid:**_____ **Case no.** _____
Date of Planning Commission meeting:_____ **Date of Board of Supervisors meeting:**_____
Publication Date:_____ **Newspapers:**_____
Property Owner notices date mailed_____ **Date, time and place of public hearing:** _____
Action taken:_____