

CITY OF GALESVILLE
CONDITIONAL USE
PERMIT APPLICATION

Permit Number _____
Date Filed _____
Fee Paid _____
(\$125.00)

Name, Property Location, and Description

Name of Property Owner: _____ Phone #: _____
Property Address: _____
Legal Description of Property: _____

Conditional Use Requested:

Existing Use: _____ Present Zoning: _____
Proposed Use: _____ As Permitted By Section: _____

Reasons for Requested Conditional Use Permit:

Attachments:

- 1) Please attach the names and addresses of all adjoining property owners, and abutting and opposite property owners within 200' of subject parcel.
- 2) Please attach a plot plan of the area involved showing parcel, all structure--both existing and proposed, and setbacks, etc.
- 3) The Zoning Administrator may ask for additional information deemed necessary to adequately evaluate the conditional use.

Signed: _____ ***Dated:*** _____

Action Taken:

Approved: _____ Date: _____

Conditions: _____

Denied for the following reasons: _____ Date: _____
