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 - $500.00
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: _____