



- Specific Use Permit**
- Plat Application**
- Variance**
- Zoning Change**

Name of Applicant

Date of Application

Address

Phone

City State Zip

Specific Use Requested

Present Zoning

Legal Description of Property

Requested Zoning

Name of Property Owner

- Existing Building
- New Construction
- Mobile Home
Year ____ Model _____
- Other _____
- Other _____

Type of Construction _____

Size _____ Cost _____ Septic Sewer

Driveways _____ Culverts _____

- Site Plan Attached
- Building Plan Attached

Proposed Date of Occupancy _____

Applicant Signature Date

STAFF NOTES:

City Secretary Date

Fee Paid: YES NO

Scheduled Date Of
Council Meeting: _____
(Applicant must be present @ mtg)