



CONDITIONAL USE APPEAL APPLICATION

Date _____

Land Owner _____

Mailing Address _____

Home Telephone _____

Work Telephone _____

Fax Telephone _____

Property (Physical) 911 Address _____

Parcel Number From Grand List Book _____

Zoning District _____

Signature of Applicant: _____ / ___/20___

Phone Number _____

Fax Number _____

PROVISIONS OF ZONING ORDINANCE IN QUESTION: _____

The owner or applicant should submit with this application: plans, elevations, landscaping diagrams, traffic circulation diagrams, neighborhood land use maps and an additional information or data required to advise the board fully with reference to the application or appeal.

See Back Side for Conditional Use Criteria

Office Use Only

\$150.00 Fee Paid _____ Date ___/___/20___ Received By: _____

Notices Mailed To:

- _____
- _____
- _____
- _____
- _____

Approved: _____ Denied: _____ (Refer to finding facts)

Date of decision ___/___/20___ Chair of Board: _____

