APPLICATION FOR CONDITIONAL USE PERMIT

The undersigned requests a conditional use permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in the application and any conditions or safeguards required by the Board. If this use is discontinued for a period of more than six months, this permit shall automatically expire.

	Name of Applicant:
	Mailing Address:
	Phone: Home: Business:
	Property Location:
	Existing Use:
	Zoning District:
	Description of Conditional Use:
	Provide names and addresses of all adjoining and adjacent property owners:
	Supporting information: Attach a plan for the proposed use (in triplicate) showing the location of building, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards and refuse and service areas. Also attach a narrative statement relative to the above requirements and also explain the economic, noise, glare and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.
Date:_	Signature of Applicant
	Signature of Applicant