

TOWN OF EAGAR COMMUNITY DEVELOPMENT
REQUEST FOR CONDITIONAL USE PERMIT
(REFER TO CHAPTER 18.84 OF THE ZONING CODE)

Permit No. _____ Date: _____

Name of applicant: _____

Mailing Address _____

Telephone: (____) _____ Email Address _____

1. Location of Property: _____

2. Current Zoning: _____

3. Proposed Use (as listed under "Conditional Uses" in the above zoning district):

4. Reason for Proposed Use _____

5. Attachments: a. Plot Plan (to Scale)

b. Pertinent data as required by the Zoning Administrator or Planning
and Zoning Commission

Filing Fee: \$100.00 Date Paid: _____ Receipt # _____

6. Signature of Applicant: _____ Date: _____

7. Signature of Zoning Administrator: _____ Date: _____

8. Application shall be forwarded to the planning and Zoning Commission on:

(Date) _____ (Time) _____

(Place) _____

Notice of the nature of the Conditional use Permit and the date of the meeting at which it will be considered will be posted on the affected property 15 days prior to the public hearing. The property owners within a 300-foot radius of the applicant's property will be notified by first class mail.

ACTION BY PLANNING AND ZONING COMMISSION

1. Hearing Held: (Date) _____ (Place) _____

2. Action: Date _____

_____ A. Recommend approval as presented

_____ B. Recommend approval with the following conditions or changes:

_____ C. Recommend denial. Reason for denial: _____

_____ D. Application neither recommended for approval nor denial. Explanation of what action taken, date, reasons and date further action will be taken: _____

Note: If the applicant wishes to appeal the commission action, the appeal must be filed within 15 days of the action. (refer to chapter 18.80.100)

If a conditional uses permit is appealed to the Council, the Council may elect to set the matter for a public hearing. At least 15 days prior to the public hearing a public notice (in the local newspaper) must be published.

FINAL DISPOSITION OF CONDITIONAL USE PERMIT

Signature Planning Director

Signature Planning & Zoning Chair