

**CITY OF PROCTOR
APPLICATION FOR CONDITIONAL
USE**

**APPLICATION FEE (NON REFUNDABLE - \$150.00
PAID RECEIPT**

**This request must be heard by the Planning Commission prior to referral to the City Council.
(please print)**

Date of application: _____ Next Planning Commission Meeting _____:

Name of Applicant: _____ Phone: _____

Name of property owner if different from applicant _____

Address of property owner: _____

Contact Name _____ (if business is petitioner):

Applicant Address: _____

Legal Description and Address of Property to be considered for conditional use:
(this information is available on the property tax statement)

lot # _____ block # _____ addition parcel number _____

current street address current zoning _____

Property Size: Width Length Area square feet _____

Present Use of Property: _____

Reason for requesting conditional use: _____

Does Applicant require a variance in connection with the proposed conditional use?

Yes _____

No _____