



CONDITIONAL USE PERMIT

CASE# _____

Legal Owner / Agent: _____	Name of Development: _____
Address: _____	Location by Street address _____
City: _____ State: _____ Zip: _____	Existing General Plan Land Use Designation: _____
Phone: _____ Fax: _____	Existing Zoning: _____ Gross Acreage: _____
Email: _____	Existing Use: _____
Contact Person: _____	Proposed Use: _____
Address: _____	Building Coverage: _____ Building Height: _____
City: _____ State: _____ Zip: _____	
Phone: _____ Fax: _____	
Email: _____	
Signature of Owner/Owner's Representative: _____	Date: _____

ALL SUBMITTALS MUST INCLUDE THE FOLLOWING:

- Narrative
- Legal Description of Property and current Assessor's Parcel Number(s)
- Owner Authorization Letter (if applicable)
- 5 Copies of the Conceptual Site Plan (24"X 36", folded) scaled not less than 1" to 100' with a north point indicator; signed seal of an architect or engineer showing:
 - Boundary line of Real Property with dimensions
 - Location Map including area (at minimum) within one-half mile of the property
 - Location, identification and dimension of existing and proposed:
 - Topographic contours at minimum of 2', adjacent streets, street lighting, driveways sidewalks, bikeways & offsite traffic flow
 - Onsite streets, driveways, sidewalks, loading areas, bikeways, fences, refuse collection, utilities, utility easements, setbacks and parking facilities, retention basins, draining flow arrows, fire hydrants, lighting; onsite traffic flow
 - Buildings and structures including building heights
- Three Copies of a Traffic Impact Analysis (TIA) (if applicable)
- ALTA Survey (no older than 90 days)
- Elevations, Landscape, Photo-metric Plans; see 16-3-04 C for other requirements
- A Map showing; a list of Names and Addresses, and mailing labels; for all property owners within 1000 ft of the exterior boundaries of the property

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Existing Zoning: _____ Gross Acreage: _____
Existing Use: _____
Proposed Use: _____
Building Coverage: _____ Building Height: _____

Staff Comments will be returned to the applicant (Contact Person) at the time of the review meeting setup by staff and/or by E-mail.

Date of Pre-Application Meeting: _____
Name of Planner: _____
Fees: \$500
Total: _____
<input type="checkbox"/> Fee Paid
Check Number: _____
Received By: _____