

CONDITIONAL USE PERMIT APPLICATION

- CITY OF DUBOIS
- CITY OF SPENCER
- CLARK COUNTY



1. Street/Road Address of Proposed Special Use Permit				
2. Legal Description (Attach Legal Description)	Lot:	Block	Subdivision	
3. Owner:	Address:	City, State, Zip Code		Phone:
4. Representative:	Address:	City, State, Zip Code		Phone:
5. Architect/Engineer	Address:	City, State, Zip Code		Phone:
6. Describe the development for which a conditional use permit is requested.	Appropriate Plans must be attached			
7. Signature:	<p>This signature acknowledges that all information on this application and the attached plans is true and correct AND that the activity permitted will be conducted in full compliance with all ordinances of the City/County, State, and Federal Laws; AND that the activity conducted will be in full compliance with any and all conditions imposed on approval of the permit. Note: Conditions attached to approval of a Conditional Use Permit will be binding on future building permits issued on the site.</p> <p>Unless extended by an approved development agreement, this permit expires in two years if the activity authorized is not commenced OR if the activity commenced but abandoned for one year at any time before completion.</p> <p style="text-align: center;">_____ Date</p> <p style="text-align: center;">Applicant Signature</p>			
FOR OFFICIAL USE ONLY				
Application Accepted by:		Date:	Application Fee Received:	
Notice Published:	Notice to Neighbors:	Site Posted:	Hearing:	Notice of Decision:
Use	Density: Units/Acre	Sq. Ft. Comm. or Ind.	Number of Parking Spaces	
Commission/Council/BOCC Action			Conditional Use Permit:	
Motion By: _____ Signature		Seconded By: _____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Conditions Imposed:				
(Additional Sheets may be used)			Performance Standard Checklist must be Attached	

