APPLICATION FOR CONDITIONAL USE PERMIT
According to Scambler Township Zoning Ordinance

*Receipt No.*_____

*Application Fee $*_____

Owner:_____ Phone:_____
Last Name *First* *Middle*

_____
Street & No. *City* *State* *Zip No.*

Sec._____ Twp._____ Range_____ Twp. Name_____

Legal Description:

Fire #_____

Parcel Number

EXPLAIN YOUR REQUEST:

In order to properly evaluate the situation, please provide as much supplementary information as possible, such as: maps, plans, information about surrounding property, etc. **APPLICANT SHALL BE PRESENT AT THE SCHEDULED HEARING.**
I understand that I have applied for a Conditional Use Permit from Scambler Township.
AGREEMENT: I hereby agree that I will notify all property owners within 1/2 mile of the property in question; and shall state the proposed use; and that notification shall be by certificate of mailing, postmarked at least ten days before the hearing.

Application dated_____ 19_____. X_____
Signature of Applicant

- DO NOT USE SPACE BELOW-

Date of hearing:_____ 19_____. Time:_____ M

The Planning Agency recommends to the Town Board of Scambler the following:

_____
Chairman

The Town Board of Scambler on this _____ day of_____ 19_____, hereby:

_____ Approves the request as recommended by the Planning Agency

_____ Denies the request.

_____ Approves as follows:

_____
Chairman

Conditional Use Permit issued in accordance with compliance of Scambler Township Zoning Ordinance

_____, 19_____

CONDITIONAL USE PERMIT NO._____

_____
Scambler Township Administrative Officer

_____ mailed copy of Application to Applicant.
(Date/Initial)