

<b>CITY OF HARMONY</b> <b>APPLICATION FOR CONDITIONAL USE</b> <b>PERMIT</b> Fee: <u>\$50.00</u>	DATE:
	PARCEL ID:
	PROPERTY ADDRESS:
	CURRENT ZONING CLASSIFICATION: _____



**APPLICANT NAME:**

**APPLICANT ADDRESS:**

<b>HOME PHONE:</b>	<b>CELL:</b>	<b>EMAIL:</b>
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**OWNER NAME** (if different):

**OWNER ADDRESS** (if different):

**BACKGROUND:** Please answer the following questions for rezoning consideration. Additional sheets may be attached if necessary.

**Legal Description** (attach if necessary)

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**Explain how the use will meet all of the applicable standards and conditions for the granting of a Conditional Use Permit as outlined in the City of Harmony Zoning Ordinance.**

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**Include any additional comments you think will be helpful in reviewing your application:**

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**Required copy of a site plan drawn to scale is included with this application.**

<b>Applicant Signature:</b>	<b>Date:</b>
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<b>Co Applicant Signature</b> (if relevant):	
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Please note the application requires notice to adjacent landowners within 500 feet of the affected property area at least 15 days prior to a public hearing on your application, as well as published notice in the newspaper.

Please contact the City Office if you have any additional questions.

