

# APPLICATION FOR CONDITIONAL USE PERMIT

**TO: PLANNING AND ZONING COMMISSION, OKOBOJI, IOWA**

The undersigned \_\_\_\_\_

Residence/Business address \_\_\_\_\_

Hereby makes application for a Conditional Use Permit provided for in Zoning Ordinance No. 221, Article XVIII, Conditional Uses.

Because of the unique and special circumstances as to make impractical my property being included automatically in any class of use as set forth in the various districts established by this Ordinance No. 221, I or we make this request for the reasons and purposes listed \_\_\_\_\_

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Legal description of the property involved is as follows: LOT \_\_\_\_\_  
BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

The following is a list of all property owners within 500', their names and addresses (Attach Abstractor's Certificate):

**SITE PLAN:** Site plans shall be drawn to a scale of not less than 1" = 40' (Attach Site Plans)

The property for which the Conditional Use Permit is requested is located in a \_\_\_\_\_ District.

**CONDITIONAL USE PERMIT FEE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

**TO: BOARD OF ADJUSTMENT, OKOBOJI, IOWA**

We as members of the Okoboji Planning and Zoning Commission have reviewed the above application for a Conditional Use Permit, and have conducted a public hearing on \_\_\_\_\_, 20\_\_\_\_. As a result of the hearing and our determinations, we make the following comments and recommendation(s): \_\_\_\_\_

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Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Chairman, Planning and Zoning Commission

TO: \_\_\_\_\_ This is to notify you that your application for a Conditional Use Permit has been (approved) or (denied).

You are further notified that this permit is valid, and will be in force for the following specified period in accordance with the terms of your application, and will be subject to the following additional exceptions or requirements as the case may be: \_\_\_\_\_

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Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Chairman, Board of Adjustment

ATTEST:

\_\_\_\_\_  
Zoning Administrator

(Seal)