

**CITY OF RICHLAND CENTER
APPLICATION FOR CONDITIONAL USE PERMIT**

All Owner(s) of Property: _____

Owner's Address: _____

Owners Telephone Number: _____ Owner's e-mail: _____

Street Address of Property Subject to this Permit: _____

Legal Description of Property Subject to this Permit: _____

Tax parcel Number of Property Subject to this Permit: _____

(Note: This can be found on the tax bill for the property)

Zoning Classification of Property Subject to this Permit: _____

If the property subject to this application is to be used for a business:

Name of Business: _____

Address of Business: _____

Describe the business to be conducted at this location: _____

A Conditional Use Permit is requested for: _____

City ETZ

Names and addresses of owners of all real estate within 200 feet of all property lines:

Signatures of all owners of the Property

Date Application filed with City Clerk _____
Referred to Planning Commission on _____
Recommendation from the Planning Commission: _____

Referred to Council on _____
Action of City Council: _____

Expiration date: _____
CUP Form Version 2013