

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

All Owner(s) of the subject property: _____

Owner's Mailing Address: _____

Owner's Telephone Number: _____ Owner's e-mail: _____ [Optional]

Street address of the Property Subject to this Application: _____

Tax parcel number of Property Subject to this Application: _____

[NOTE: This can be is found on the tax bill for the property]

Zoning District Classification of Property Subject to this Application: _____

<p>If the Property Subject to this Application is to be used for a business:</p> <p>Name of Business: _____</p> <p>Address of Business: _____</p> <p>Describe the business to be conducted at this location: _____</p>
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A Conditional Use Permit is requested for: _____

City ETZ

Names and addresses of the 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 City Council on _____

Action of City Council: _____
