

## CONDITIONAL USE PERMIT APPLICATION

### Submittal Requirements

**Please note that incomplete submittals will not be accepted for review.**

1. Review Fee \$450.00
2. Recording Fee - to be determined if request is approved
3. Signed Conditional Use Permit Application (*This form.*)
4. Ownership and Encumbrances Report: The O&E report must be from a title company and dated within the last 30 days from date of application.
5. If real property owner is a legal entity, applicant must provide evidence of authorization to sign on behalf of such entity. (i.e. Articles of Incorporation, Articles of Organization, Operating Agreement, Resolution from the Board of Directors, etc.)
6. Description of the proposed use describing the operational characteristics.
7. Detailed Site Plan showing location of the existing and proposed buildings and other structures parking areas and number of available parking spaces for the special use, ingress and egress, outside trash and storage areas, and type of screening, fencing, and landscaping.
8. Existing Floor Plan and elevations of buildings or proposed construction or modifications, as applicable.

**If a Group Home for the Developmentally Disabled, also provide the following:**

- Copy of State license or application for State license as a Community Residential Home.
  - Maximum number of residents \_\_\_\_\_
  - Maximum number of employees \_\_\_\_\_
  - Maximum number of employees per shift \_\_\_\_\_
  - Number of off-street parking spaces to be maintained for employees \_\_\_\_\_

**If a Group Home for the Mentally Ill, also provide the following:**

- State license or application for State license as a Group Home for the Mentally Ill.
  - Maximum number of residents \_\_\_\_\_
  - Maximum number of employees \_\_\_\_\_
  - Maximum number of employees per shift \_\_\_\_\_
  - Number of off street parking spaces to be maintained for employees \_\_\_\_\_
  - Address of closest Group Home for the mentally ill \_\_\_\_\_



**If a Group Home for the Aged, also provide the following:**

- Maximum number of residents \_\_\_\_\_
- Number of off-street parking spaces to be maintained for residents \_\_\_\_\_
- Address of closest Group Home for the aged \_\_\_\_\_
- Will any resident require life care or nursing facilities as defined by State statute  
\_\_\_ Yes \_\_\_ No

**If a Domestic Violence Shelter, also provide the following:**

- Maximum number of employees \_\_\_\_\_
- Maximum number of employees per shift \_\_\_\_\_
- Number of off-street parking spaces to be maintained for employees \_\_\_\_\_

**If a Thrift Store of less than 5,000 square feet gross floor area:**

I understand and agree that:

- Outdoor storage of materials is prohibited \_\_\_\_\_ (initial)
- Outdoor donation bins are prohibited \_\_\_\_\_ (initial)
- Outdoor display of merchandise is prohibited \_\_\_\_\_ (initial)

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**By signing below, I assert, under the penalty of perjury, that the above information is true, correct and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature of Property Owner (Required)\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Property Owner (Required)\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

*\*If legal entity, provide evidence of authorization to sign on behalf of such entity.*