

FEE: \$50.00 SITE PLAN (WAIVED 2013 PER RESOLUTION #12-72)

CITY OF VALDEZ

APPLICATION FOR CONDITIONAL USE PERMIT

APPLICATION NUMBER		DATE
NAME OF APPLICANT		
ADDRESS OF APPLICANT		
DAYTIME PHONE		
SIGNATURE		
LEGAL OWNER		
ADDRESS		
PHONE NUMBER		
STREET ADDRESS:		
LEGAL DESCRIPTION:		
CURRENT ZONING		
PROVISIONS OF ZONING ORDINANCE	E REQUIRIN	IG A VARIANCE (I.E.
SETBACK, LOT COVERAGE, ETC.)		
USE REQUESTED		
TEMPORARY	HOW LON	G
PERMANENT	TIOW LOIN	•
FERIVIANCINI		

Please answer the following questions: How will the proposed use conform to the present and future development of the area? What will be its effect on present and future development? Why is there a need in the area for the Conditional Use requested? Wherever possible, substantiate this statement with factual data. Why is this site especially suited to the Conditional Use proposed? Why would the Conditional Use have no detrimental effects on surrounding property and uses? Attach or include any other information you feel is relevant to this application