

**Office Use Only**

Date filed: \_\_\_\_\_  
Amount/Fee: \_\_\_\_\_  
Receipt No: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Deemed Complete: \_\_\_\_\_  
120 Day Deadline: \_\_\_\_\_

# LAND USE PERMIT APPLICATION



**APPLICATION NO.** \_\_\_\_\_

Type I  Type II  Type III  Type IV

ZONE CHANGE		SIG. ENVIRONMENTAL CONCERN		DESIGN REVIEW	
COMP. PLAN CHANGE		CONDITIONAL USE PERMIT		MINOR LAND PARTITION	
VARIANCE		PRE-APPLICATION		SUBDIVISION/PUD**	
		OTHER:			

SITE ADDRESS:

MAP AND TAX LOT:

SITE SIZE:

PRESENT ZONING:

PROPOSED ZONING:

PROJECT DESCRIPTION:

**(attach separate sheet if needed)**

APPLICANT:

ADDRESS:

TELEPHONE #s:

CITY:

STATE:

ZIP:

APPLICANT IS: \_\_\_\_\_ LEGAL OWNER \_\_\_\_\_ OPTION HOLDER \_\_\_\_\_ AGENT \_\_\_\_\_ OTHER:

PROPERTY OWNER:

ADDRESS:

TELEPHONE #s:

CITY:

STATE:

ZIP:

DATE OF PURCHASE BY CURRENT OWNER OR OWNER'S FAMILY:

JURISDICTION PROPERTY WAS UNDER AT TIME OF PURCHASE (i.e. Mult. Co. or Fairview):

**I AGREE TO REIMBURSE THE CITY OF FAIRVIEW FOR ALL APPLICABLE REVIEW COSTS.**

APPLICANT SIGNATURE (S)

OWNER SIGNATURE (S)