



CONDITIONAL USE PERMIT APPLICATION

Clay County Planning & Zoning

Fees: (Non-Refundable) Conditional Use Permit \$ 325.00 Special Deposit \$ Legal Notice \$ 75.00 Adjoiners: Cert. Rate* _____ X # of Adj. _____ = \$ <small>*Prevailing Postage Rate</small> <div style="text-align: right;">TOTAL \$ _____</div>	Contact: _____ Address: _____ Telephone: H) _____ B) _____ C) _____ FAX: _____ E-Mail: _____
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NOTE: The Fee Total must accompany this application, by check or money order payable to the "Clay County Treasurer"

The applicant must submit (in paper and electronic form) the names and addresses of all property owners within a 1000 foot radius of the property boundaries, 20 copies of the site plan illustrating the location of buildings, roads, property boundaries and other elements on the site which will provide an adequate plan of the property and the conditional use sought to be conducted on the site and such other items as may be required by the Planning and Zoning Director. All required items must be submitted with this application or the application may be rejected.

Request:
Conditional Use Permit Sought: _____
Address of Subject Property: _____

(Legal Description of property to be subdivided must be provided in both paper & electronic form)

Present Zoning of Property: _____	Required Zoning: _____
<small>(Attach Owner's Authorization if Applicant is different from Owner. If Owner is a Corporation, Applicant or person signing Owner's Authorization must be an officer of corporation and must attach certification of corporate office held, to this application.)</small>	

Applicant's Name: _____	
Applicant's Address: _____	
Applicant's Telephone: H) _____	B) _____
C) _____	F) _____

Property Owner's Name: _____	
Property Owner's Address: _____	
Property Owner's Telephone: H) _____	B) _____
C) _____	F) _____

Surveyor's/Land Planner's Name: _____	
Surveyor's/Land Planner's Address: _____	
Surveyor's/Land Planner's Telephone: H) _____	B) _____
C) _____	F) _____

I hereby affirm that the above statements and representations are true and correct.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY:	Sec: _____ Twn: _____ Rge: _____ Parcel#: _____
Legal: _____ Adjoiner: _____ Health: _____ Water: _____ Hwy: _____ MoDOT: _____ OwnAuth: _____	
Fire: _____ School: _____ City: _____ Other: _____	