



Application for Conditional Use Permit

- 1. Applicant's Name _____
- 2. Applicant's Address _____
- 3. Applicant's Telephone Number _____
- 4. Owner's Name _____
- 5. Owner's Address _____
- 6. Owner's Telephone Number _____
- 7. Purpose of Conditional Use Permit _____
- 8. Present Zoning _____
- 9. Within City Limits _____ Within Zoning Jurisdiction _____
- 10. Legal Description _____
- 11. Street Address of Property or Approximate Location _____

- 12. Site Plan (if applicable) _____

I/We the undersigned do hereby acknowledge that I/We do fully understand and agree to comply with the provisions and requirements for an application for a special use permit as described above. I/We the undersigned do hereby agree to allow City of Lexington employees or agents working for the City of Lexington, to enter the above referenced property as it pertains to this application.

Signature of Owner

Signature of Applicant

Administrative Use Only

Date Submitted _____

Case Number _____

Filing Fee \$100.00 _____

Accepted By _____

Cert. Of Ownership _____

Date Advertised _____

Date Sign Posted _____

Date of Public Hearing _____