



APPLICATION CONDITIONAL USE PERMIT

Applicant _____

Physical Address _____

Mailing Address _____

Daytime Phone _____ Evening Phone _____

Owner of Property (if different from applicant) _____

Owner Address _____

Permitted Conditional Use Requested: _____

Legal Description _____

Length of Time Permit is
Requested _____

By signing below, I acknowledge that I have read and understand all requirements for a Permitted Conditional Use Permit.

Signature of Applicant

Date

P & Z COMMITTEE

Name: _____

Title: _____

Signature: _____

Date: _____

SUMMERSET CITY COMMISSION

Name: _____

Title: _____

Signature: _____

Date: _____

Permit Fee: _____ Date Paid: _____ Issue Picked Up: _____