TOWN OF GLENMORE
CONDITIONAL USE APPLICATION

Fee: $_____ Check Number_____Date Received_____Request Number _____
FOR
Town Plan Commission and Town Board

LANDOWNER: **AGENT:**

Name _____   _____

Address_____   _____

_____   _____

Phone (   )_____   Phone (   )_____

Certification:
I, _____, will act on my behalf concerning this Conditional Use Application.
OR
I hereby authorize _____to be the Agent for the above zoning request.

_____   Date:_____
Landowner

Acceptance:
I hereby agree to act as Agent for the owner of Parcel GL _____ in accordance with the provisions of the Town of Glenmore Zoning Ordinance.

_____   Date:_____
Agent
****
Zone: _____ Cond. Use Number/Description _____

Describe how the proposed conditional use will conform to the standards set forth in the respective zone/

district: _____

_____
Property Location and Description: GL _____ _____1/4 _____1/4 SEC _____ T22N R21E

Area: _____Acre(s) (+ or -) Briefly describe location of property in Town:(Road names, landmarks)

_____

Landowners within 1 mile of the subject property: (Include names and addresses on all four sides of the

property: _____

_____

Please Note: You may contact our Town Assessor for assistance regarding landowners:

Town Assessor: _____Phone: _____

ZONE: _____Cond. Use Number/Description _____

Include the items which best help to describe your project:

1.DRAWING:
   a. Lot size
   b. Proposed or existing building(s) location(s)
   c. Proposed or existing driveway location
   d. Proposed or existing distance from building(s) to the lot boundaries
   e. Identify woods, slopes, drainage ditches, waterways, creeks, etc.

2.PARCEL BOUNDARIES MUST BE STAKED OUT (If new)

3.BUILDING(S) LOCATION(S) MUST BE STAKED OUT (If new)

4.DRIVEWAY MUST BE STAKED OUT (If new)

5.CROPS WILL NOT BE AN EXCUSE FOR IMPROPER STAKING. CUT THEM DOWN OR WAIT UNTIL IT IS FEASIBLE TO DO PROPER STAKING.

6.USE DIFFERENT COLORS (RED/FLUORESCENT ORANGE/WHITE FLAGS, ETC.) TO STAKE OUT PROPERTY. STAKES MUST BE AT LEAST 1 FOOT ABOVE VEGETATION IN ORDER TO BE CLEARLY VISIBLE.

      Submission of this application only implies that the request is under consideration. Return of the forms does not guarantee placement on a Plan Commission agenda.

      Following a successful review of your completed application by the Zoning Administrator and the Plan Commission Chair your zoning request will be scheduled for consideration at the next Plan Commission meeting.

Approved for Plan Commission Meeting:

_____   _____
Plan Commission Chairperson   Date

_____   _____
Zoning Administrator   Date