



FOR OFFICE USE ONLY

Conditional Use Permit #: _____

Date Received: _____

Zone: _____

**City of Prineville
Conditional Use Permit**

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PROPERTY OWNER AND APPLICANT INFORMATION

Applicant Name _____ Phone ____/____/____ Fax ____/____/____

Address _____ City _____ State ____ Zip Code _____

Email _____

Property Owner _____ Phone ____/____/____ Fax ____/____/____

Address _____ City _____ State ____ Zip Code _____

Email _____

Business Name _____ Phone ____/____/____ Fax ____/____/____

Address _____ City _____ State ____ Zip Code _____

Email _____

PROPERTY DESCRIPTION

Property address: _____

City _____ State _____ Zip Code _____

Map # - Township _____ Range _____ Section _____ Tax Lot _____

Present Zoning _____ Total Land Area _____ (Square Ft.)

Present Land Use _____

PROPOSED USE

New Construction

Residential

Multi-Family Dwelling

Commercial

Conditional Use Application

Enlargement

Industrial

Brief Description of Proposed Use:

TO COMPLETE THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- Completed Application Form
- Burden of Proof
- Statement or general vicinity map indicating geographical location of property.
- Dimensioned Site Plan, drawn to scale, showing:
 - Actual shape and dimensions of property
 - The location and intended use of each building or structure.
 - Building Setbacks
 - Roads, streets or alleys bordering the property, and any easements to or on the property.
 - Landscaping
 - Parking

By signing this application, the undersigned certifies that he/she has read and understands the submittal requirements stated above. Please note: submission of false or misleading information could lead to the denial of this application request.

Applicant: _____ Date: _____
Signature

Property Owner: _____ Date: _____
Signature

Please note: additional information may be required by the Planning Department prior to the application being deemed complete.