

CITY USE ONLY

FILE NUMBER _____	FILE NAME _____
DATE RECEIVED _____	BY _____ FEE _____
HEARING DATE _____	NOTIFICATION DEADLINE _____

Zoning and/or Land Use Change Application

Applicant's Name _____

Address _____ Telephone No. _____

Applicant's Representative (if applicable) _____

Address _____ Telephone No. _____

Subject Property Legal Description: Lot _____ Block/Tract _____ Survey Number _____

Lot Size: _____ Subdivision Name _____

Township: _____ Range: _____

To help the planning commission gather facts about the proposed temporary use permit, please complete the following:

1. Describe the proposed zone change: _____

2. What noise, odor, smoke, dust, or other pollutants could be caused if the zoning designation changes? _____

3. What types of uses are currently located within 300 feet of the proposed zone change?

4. What types and sizes of buildings, signs, storage and loading areas, screens, etc. are planned should the zone designation be changed (size, height, type)? _____

5. What utilities will be needed should the proposed zone change be adopted? _____

6. What road(s) provide access to the property proposed for the zone change? _____

7. What type and volume of traffic will be generated by the proposed zone change? _____

8. What are your parking needs and where will they be provided (indicate on the plot plan where parking is to be provided)? _____

9. Why do you feel that there is a need for the change? _____

10. What alternative sites are there? _____

The criteria by which a zone/land use change application is approved or denied is listed in Chapter 18.06.004.C-F of the Craig Land Development Code.

A decision of the planning commission may be appealed to the city council within 30 days of the mailing of the notice of the commission's decision. Decisions of the city council may be appealed to Superior Court.

I (we) being duly sworn, depose and say that the foregoing statements and answers herein contained, and the information herewith submitted, are in all respects true and correct to the best of my knowledge and beliefs.

Dated this _____ day of _____, 19_____.

Applicant

Applicant

Authorization for Agency

If the applicant listed on this application is other than the sole deed holder of the property or properties upon which the temporary use will take place, complete the following authorization to act as agent:

I (we), the undersigned, hereby certify that as deed holder(s) of record of the property or properties described above, I (we) hereby authorize the person listed as the applicant on this application to act and appeal as agent with respect to this application.

Dated this _____ day of _____, 20_____.

Signature(s) of deed holders: _____