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For Office Use Only

Permit # _____

Sent to County _____

APPLICATION FOR: Conditional Use Permit (CUP)

APPLICANT: _____

ADDRESS: _____

TELEPHONE/CELL PHONE NUMBERS _____

FAX NUMBER: _____

OWNER/OTHER: _____

LEGAL DESCRIPTION:

EXPLANATION OF REQUEST:

APPLICATION FEE: \$25.00

DATE PAID _____

RECEIPT # _____

APPLICANT SIGNATURE: _____

DATE: _____