



DATE RECEIVED: _____

**APPLICATION FOR CONDITIONAL USE PERMIT
TO CENTRALIA PLANNING AND ZONING COMMISSION**

APPLICANT:

NAME: _____

ADDRESS: _____

PHONE #: _____

ALL PROPERTY OWNERS (If Different From Applicant):

NAME: _____

ADDRESS: _____

PHONE #: _____

REQUESTED CONDITIONAL USE: _____

SITE FOR REQUESTED CONDITIONAL USE:

STREET ADDRESS: _____

LEGAL DESCRIPTION: _____

CURRENT ZONE DISTRICT OF SITE: _____

ATTACH SITE PLAN AND SPECIAL LICENSES, EXHIBITS OR ANY OTHER EVIDENCE THAT IS APPROPRIATE (SEE SECTION 31-65C(11) OF THE CITY CODE FOR STANDARDS USED IN ASSESSMENT FOR CONDITIONAL USE PERMIT).

APPLICANT SIGNATURE: _____

DATE: _____