TOWN OF WOOLSEY CONDTIONAL USE PERMIT APPLICATION

Date Received		
APPLICANT INFORMATI		
,	ASE PRINT)	
ADDRESS		
PHONE	CELL	FAX
E-MAIL ADDRESS		
	(If different from Applicant)	
	LEASE PRINT)	
PHONE	CELL	FAX
E-MAIL ADDRESS		
PROPERTY INFORMATI	<u>ON</u>	
ADDRESS		

	CURRENT USE	CURRENT ZONING		
	PROPOSED USE	SIZE OF PROPERTY		
	PRE-APPLICATION MEETING A pre-application meeting with the Zoning Admiany application. Please contact the Town Hall a schedule a pre-application meeting.			
	FEE The application fee for a conditional use permit is \$175. Applications will not be accepted until they are deemed complete and the application fee is paid. Incomplete applications will be returned to the applicant; payment of fee will not be accepted until the application is complete. Fee shall be paid to the Town of Brooks in the form of cash, check, money order or credit card.			
	FILING DEADLINE Applications must be received and fees must be paid no later than thirty (30) calendar days prior to the meeting at which the conditional use permit application will be considered.			
	PUBLIC NOTIFICATION The Town of Brooks is responsible for notifying the public of the Conditional Use Permit applied for. The notification shall include:			
	An ad will be run in the local newpaper listingA sign will be posted on the subject propert			
	COUNCIL HEARING			
	Conditional use permit requests must be decided at a public hearing before Mayor and Council. The applicant <u>must</u> attend the public hearing to present the application and respond to questions from the Council. Mayor and Council meet the third Monday of each month, except for January when they meet on the fourth Monday. Applicants will be notified via email and/or phone call of the date of the public hearing.			
APPLICANT AFFIDAVIT				
	Personally appeared before meoath deposes ar	who on and says		
4	Print applicant's) That the information on the application is true	,		
•	knowledge and belief:	to the pest of His/Hel		

Signature of Applicant

Notary Public

Date	Print Name	
Address		
City, Sta	te, Zip	
OWNER'S AFFIC)AVIT	
Personally appeared before me	(0.11)	who on oath
(Print owner's name) agrees with the above request and states that the information on the application is true to the best of his/her knowledge and belief.		
Notary Public	Signature of Applicant	
Date	Print Name	
Signature of City Clerk	Address	
Date	City, State, Zip	