MEDICINE LODGE
APPLICATION FOR CONDITIONAL USE

Section A – BACKGROUND INFORMATION

1. This request applies to property located at and described as follows:

Complete address_____

Legal Description _____

2. Property owner(s) information:

Name _____Phone _____

Complete Address _____

3. Agent Information:

Name_____ Phone_____

Complete Address_____

4. Describe the proposed project in detail that the land development regulations require a conditional use.

_____

_____

_____

5. Indicate the current zoning of the property:

Current zoning _____

6. Signatures. We the undersigned do hereby authorize the submittal of this application and associated documents and do hereby certify that all the information contained therein is true and correct.

Owner_____ Date_____

Agent _____Date_____

Section B – DOCUMENTS

The variance application will not be processed until the following information is submitted:

- $75 application fee.
- A copy of the deed to the property.
- A list of all property owners and mailing addresses within 200 feet of the property requesting a Conditional Use. This list may be obtained from the Barber County Appraiser's Office or a title company. Property owner lists printed off the internet, hand-written, or from a source not identified above will not be accepted.
- A scaled site plan. The site plan may be prepared by anybody if it is to scale. Site plan shall include:
    - Legal dimensions of the tract to be used.
    - Location of all proposed improvements including curb-cut access, off-street parking, and other such facilities as the applicant proposes to install.
    - Grade elevations.
    - Building setback from all property lines.
    - Front, side, and rear elevations of all improvements to be erected.
    - Perspective drawings of the proposed improvements, in such detail as will clearly show the finished appearance of the improvements proposed.
    - Location and type of planting, screening, or wall
    - Such other items as the Planning Commission shall deem necessary to process the application properly.

OFFICE USE ONLY

Date Received_____ Public Hearing Date_____

Fee Received $_____

Case Number_____

Publish in Paper by_____

Board of zoning appeals:

Approves the petition: _____

Denies the petition: _____

_____

Signature of BZA chairperson Date