APPLICANT TO KEEP THIS PAGE

CONDITIONAL USE/SPECIAL USE PERMIT APPLICATION INFORMATION

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS BEFORE SIGNING AND FILING

A filing fee of \$150.00 is required to process this application. All checks and/or money orders shall be made payable to <u>HUMBOLDT COUNTY</u>. At this time, we are unable to accept credit or debit cards but cash is acceptable.

- 1. The completed application, required fee, together with any additional information must be submitted to the Planning Department by the submission date. A submission date schedule is provided with the application forms and accompanying information.
- A copy of the application and pertinent information will be sent to various City, County, State and outside agencies for review and comments. The staff report will be prepared based upon the information provided in the application and agency comments. A copy of the Regional Planning Commission (RPC) meeting agenda and the staff report will be mailed to the applicant and/or agent prior to the scheduled meeting. IT IS RECOMMENDED FOR APPLICANTS TO ATTEND THE MEETING IN ORDER TO ANSWER ANY QUESTIONS THE BOARD MAY ASK, WHICH STAFF MAY BE UNABLE TO ANSWER. FAILURE TO ATTEND THE MEETING MAY CAUSE YOUR APPLICATION TO BE RESCHEDULED.
- 3. All property owners within three hundred (300) feet of the boundaries of the subject property will be notified by mail ten (10) days prior to the scheduled meeting. The notice will state the time, date and place of the public hearing, at which time the applicant and all other interested parties will have an opportunity to be heard.
- 4. The RPC will approve, deny or approve the application with additional conditions. The RPC, however, may decide to table a request for more information or to make a site inspection, if necessary, in order to make its decision. After the decision is made, Planning Staff will notify the applicant by letter stating the action taken and including any conditions imposed.
- 5. Applicant has five working days to appeal any RPC decision. The appeal must be filed by submitting a letter to the County or City Clerk requesting a hearing. The County or City Clerk will schedule the appeal for the County Commission or City Council, at which time a final decision will be made on the matter.

Submission of this application and the recommendation of Planning Staff do not imply approval or denial of this request by the Regional Planning Commission, the County Commission or the City Council; nor does it in and of itself guarantee approval of any business license.

CONDITIONAL USE/SPECIAL USE PERMIT APPLICATION FORM

Applicant/Agent:					
Street Address of Business/Location:					
Mailing Address:					
	Property is zoned:				
Legal Owner of Property: (a signed, notal	rized Affidavit of Ownership is required)				
Name of Owner:					
Mailing Address:					
	Phone:				
I, the above signed property owner or less Conditional Use/Special Use Permit for th	see of the property described, hereby request a				
	e following:				
Conditional Osc, opecial Osc 1 cmilition in	le following:				
	e following:				
	le following:				
	ARTMENT USE				
	ARTMENT USE				
FOR DEPA	ARTMENT USE Date Received				
FOR DEPARECEIVED BYApplication No	ARTMENT USE Date Received				

In	dicate proposed hours of operation:
Ν	umber of customers expected:
V	/here will customers park?
N	umber of parking and loading spaces proposed:
D	escribe any landscaping proposed:
D	escribe any additional structures proposed as part of this use (walls, fence
	escribe the size and shape of the site for the proposed use. Describe horoposed use is adequate in size and shape to accommodate the proposed
Α	escribe the width and pavement type (asphalt, gravel) of the adjacent st re they adequate to carry the quantity and kind of traffic generated broposed use?
V	/hat are the uses on adjacent properties?
V	/ill the use affect abutting properties or the uses permitted thereon? Descri

How much materials or goods?
How will it be delivered?
How often?
Where will it be stored?
Will equipment (hand tools or large equipment) be used in the operation of this use? Yes No What kind(s) of tools or equipment?
Where will it be stored?
How many employees will the use generate, if any? Will you be disposing of used or waste materials as a result of this use?
Yes No If yes, what materials will be disposed of and how?
Will you have a sign on your property advertising the use? Yes No If yes, what is the size and height of the sign(s)?
Will you be required to obtain any city, county, state and/or federal permits and/or licenses? Yes No

BY MY SIGNATURE BELOW:				
		arefully read and completed all questions contained within this hal Use/Special Use Permit application to the best of my ability.		
	request b	edge that submission of the application does not imply approval of this y the Planning Department, the Regional Planning Commission, the ommission or the City Council; nor does it in and of itself guarantee of any other required permits and licenses.		
	I acknowledge that this application may be tabled until a later meeting if either I or my designated representative are not present at the meeting for which this application is scheduled.			
		sent to having the Planning Department Staff enter onto my property only for ole purpose of inspecting said property as a part of this application process.		
		Or		
	of their recommer	object to having the Planning Department Staff enter onto my property as a part of their review of this application. (Your objection will not affect the recommendation made by Staff or the final determination made by the Regional Planning Commission, City Council or County Commission).		
Applic	ant/Agent			
	_	(Please print or type)		
Mailing Address _		Street or P.O. Box		
		Street of 1 .O. Box		
	•	City, State, Zip code		
E-Mai	I	Phone		

SIGNATURE _____

OWNER'S AFFIDAVIT

STATE OF)
COUNTY OF)
I,I am the owner of the property herein of the filing of this petition.	being duly sworn, depose and state that described in the application, and that I consent to
	Signed
	Mailing Address
	Telephone Number ()
Subscribed and sworn before me on by (Name of person making statemen	(Date)
Notary Public in and for said County ar	nd State