

CONDITIONAL USE PERMIT APPLICATION
City of Carson

- Site Address:

- Type of conditional use proposed:

- Duration of use: from _____ (date) to _____ (date)
- Dimensions of structure (if applicable):

- Applicant:

Address: _____
Work Phone: _____ Home Phone: _____
- Property Owner:

Address: _____
Work Phone: _____ Home Phone: _____
- Contact Person: _____ Phone: _____
- Applicants Signature _____
- Attachments Required:
Maps, Drawings, statements or other documents in accordance with the provisions of Section 105.7.4 and Zoning Ordinance Chapter 12 (Conditional Uses).

A fee of \$25.00 shall be collected at the time of submittal of this conditional-use permit.

For Office Use Only:

Zone: _____ Permit (circle) : Approved or Denied

Application Date: _____ Permit Approval Date: _____

Planning Commissioner's Signature: _____

Other Comments:

