

Swan Valley Planning District

Request for a Conditional Use Permit

Date: _____

Applicants Name: _____ Phone No. _____

Mailing Address _____ Postal Code: _____

To: _____ (Insert name of Municipality or Urban Center)

RE: _____ (Legal description of application)

I have consulted with my neighbours on my request for conditional use relief on the following zoning restriction(s):

The following neighbours support / do not oppose my request:

Name	Address	Daytime Phone No.	Signature(s)

Signature of Applicant: _____

Office use only

Public Hearing Date: _____ Location: _____ Time: _____

Municipality or Urban Center: _____