



APPLICATION FOR SPECIFIC USE PERMIT

Incomplete submissions will NOT be accepted

DATE: _____

FEE: \$ 350.00

NAME OF PROPERTY OWNER: _____

PROPERTY OWNER'S PHONE NUMBER: _____

CONTACT'S NAME (IF NOT PROPERTY OWNER): _____

CONTACT'S MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

CONTACT'S NAME AND PHONE NUMBER: _____

CONTACT'S EMAIL: _____

ADDRESS OF PROPERTY: _____

IS THIS PROPERTY IN THE 100 YEAR FLOOD PLAIN: YES NO

DESCRIPTION OF MANUFACTURED HOME/RECREATIONAL VEHICLE PROPOSAL : _____

IF PROPOSING MANUFACTURED HOME NOT IN A PARK:

YEAR, MAKE, AND MODEL OF MANUFACTURED HOME: _____

WILL THE MANUFACTURED HOME BE: NEW USED

SIZE OF MANUFACTURED HOME THAT WILL BE PLACED ON PROPERTY: _____

IF STRUCTURE IS USED:

HAS THERE BEEN ANY STRUCTURAL CHANGES TO THE INSIDE OF THE HOME? IF SO, PLEASE DESCRIBE.

PROPERTY OWNER(S) SIGNATURE

DATE

FOR OFFICE USE ONLY

APPLICATION ACCEPTED DENIED DATE: _____

IF DENIED, REASON: _____

PAYMENT INFORMATION: _____

CITY STAFF REVIEW COMPLETE: YES NO DATE: _____

CITY STAFF APPROVAL:

SIGNATURE

DATE APPROVED

Permitting

Building Inspector

Director of Public Works

City Administrator/Secretary

IF NOT APPROVED, REASON: _____

P & Z APPROVAL DATE

CITY COUNCIL APPROVAL DATE