

CITY OF CLARA CITY
Application for
Conditional Use Permit (CUP)

A. Applicant: _____ **Contact No.:** _____
_____ **Work/Cell:** _____
Contact: _____ **Email:** _____

B. Applicant's Address (Street, City, State, ZIP Code):

C. CUP Property Owner's Name (If different from above): _____ **Contact No.:** _____
_____ **Work/Cell:** _____
_____ **Email:** _____

D. Street Location of CUP Request:

E. Legal Description or PIN of Property Subject to the CUP Request:

F. Current Zoning of Location of CUP Project: _____

G. Summary of Proposed Project and/or Property Use:

H. Please attach a site plan or survey and any other documentation as may be required by the City Ordinance and/or City Staff.

I. Please answer the following questions as they relate to your request for a Conditional Use Permit:

1. In your opinion, is the proposed use in harmony with the general purposes and intent of the City Ordinances and current zoning designation?

Yes () No () Why or why not?

2. In your opinion, is the proposed requested use consistent with the Comprehensive Plan?

Yes () No () Why or why not?

3. In your opinion, does the proposed use put the property to use in a reasonable manner?

Yes () No () Why or why not?

4. In your opinion, are there any circumstances unique to the property?

Yes () No () Why or why not?

5. In your opinion, will the granting of a Conditional Use Permit (CUP) maintain the essential character of the locality and/or neighborhood?

Yes () No () Why or why not?

The Planning Commission is required to make affirmative "findings of fact" in order to grant a Conditional Use Permit. The applicant has the burden of proof for providing relevant facts.

The undersigned certifies that they are familiar with the application fees and other associated costs, and also with the procedural requirements of the City Zoning Code or other applicable ordinances, if any.

Applicant's Signature:

Date:

Fee Owner's Signature:

Date:

For Official Use Only
Administrative Record

Applicant's Name: _____ Contact #: _____

Applicant's Address: _____

Address of CUP Project: _____

Existing Zoning of CUP Project Parcel: _____

Summary of CUP Purpose: _____

Administrative Action

Date of receipt of completed application by City Staff: _____

Permit fee: \$150.00. Amount paid: \$ _____ as: ___ Cash or ___ Check # _____ on _____

Date and Place of Published Notice: _____

Date of Public Hearing: _____

Planning Commission Action

On _____, the following action was taken on the foregoing application:

Approved: _____ Denied: _____ Postponed to: _____

Subject to the following condition(s): _____

Approved by City Administrator: _____

City Council Action

On _____, the following action was taken on the foregoing application:

Approved: _____ Denied: _____ Postponed to: _____

Subject to the following condition(s): _____

Approved by:

Mayor _____ City Administrator _____