

# TOWN OF BISHOP REZONE & CONDITIONAL USE PERMIT APPLICATION

Requested Action:

Rezoning from: \_\_\_\_\_ to \_\_\_\_\_       Conditional Use Permit: for: \_\_\_\_\_

<b>Applicant</b> Name: _____ Address: _____ <span style="font-size: small; text-align: center;">(No P.O. Boxes)</span> _____ _____ Telephone: _____	<b>Property Owner</b> Name: _____ Address: _____ <span style="font-size: small; text-align: center;">(No P.O. Boxes)</span> _____ _____ Telephone: _____
<b>Applicant is</b> (check one): <input type="checkbox"/> the Property Owner <input type="checkbox"/> Not the Property Owner (attach Property Owner's Authorization)	
<b>Applicant's Certification:</b> I hereby certify that the information contained in and attached to this application is true and correct.	
Signature: _____ Date: _____ Notarized: _____	

<b>Property</b> Location: _____ <span style="font-size: small; text-align: center;">(Physical Description)</span> _____ Tax Parcel Number: _____ Size (Acres): _____ Current Zoning: _____ Future Development Map—Character Area Designation: _____	<b>Use</b> Current Use: _____ _____ Proposed Use: _____ _____
---	---

<b>Attachments</b> (check all that apply)	
<input type="checkbox"/> Property Owner's Authorization (if applicable) <input type="checkbox"/> Application Fee <input type="checkbox"/> Warranty Deed <input type="checkbox"/> Typed Legal Description <input type="checkbox"/> Plat of Survey <input type="checkbox"/> Disclosures (Interest & Campaign Contributions) <input type="checkbox"/> Zoning Impact Analysis	<input type="checkbox"/> Narrative (Detailed Description of the Request) <input type="checkbox"/> Concept Plan <input type="checkbox"/> Attachments to the Concept Plan: <input type="checkbox"/> Pre-approved Sanitary Sewer Extension Submittal <input type="checkbox"/> Representative Architecture/Photographs <input type="checkbox"/> Proof all property taxes paid in full <input type="checkbox"/> Other Attachments: _____