CITY OF ARCHER

CONDITIONAL USE PERMIT APPLICATION

DATE:		PERMIT #				
1.	APPLICAN'	Γ				
	Name:	Phone:				
	Mailing Address:					
	Location of Property (Address)					
		Parcel Number:				
2.	OWNER(S) (if other than the applicant, written consent must be attached to application)					
	Name(s):	Phone:				
	Mailing Address:					
3.	TACH: Legal description, including tax parcel number, with map attached showing boundaries.					
4. 5.	Legal document showing ownership (deed, etc.) Plot plans, building plans or other information giving information regarding available facilities and					
	planned facili	ities including signs, tree planting, or other modifications.				
6.	Names and Addresses of <u>all property owners of abutting properties with map reflecting boundaries of parcels affected.</u>					
7.	Summarize y	Summarize your request: Include current usage and proposed usage.				

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Request No.	CUP	
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PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY: (use additional pages as necessary)

1.	Current Zoning/Land Use Classification:		
2.	Requested Permitted Use:		
3.	Will the proposed use be contrary to the City of Archer's Zoning Regulations?		
4.	What is the existing land use pattern in district?		
5.	Will change/development/etc. be compatible to adjacent districts?		
6.	What effect will the proposed change/development/etc. have on area		
	a.	living conditions?	
	b.	traffic?	
	c.	drainage?	
	d.	light and air to adjacent areas?	
	e.	property values in adjacent areas?	
7.	Will the proposed change/development/etc. be a deterrent to the improvement or development of adjacent property in accordance with existing regulation?		
8.	Is the change/development/etc. suggested out of scale with the needs of the neighborhood or the City of Archer?		
Signa	ture:		
City C	Commis	sion will review the application at its earliest possible regular meeting following staff review and	

City Commission meets the second Monday of each month.

analysis.