

# 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: \_\_\_\_\_