

# Conditional Use Permit Application

**Fee \$175.00**

## Property information and location

(All lines applicable to this site must be filled in)

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Parcel # \_\_\_\_\_

You MUST include a parcel map obtained from the Kane County Recorder's Office with this application!

## Property Owner(s) Information

Name(s): \_\_\_\_\_

Address per tax rolls: \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office/home phone: \_\_\_\_\_ Fax phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Message phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

A copy of the deed, offer or tax notice MUST be included to demonstrate ownership

(for office use only)

CUP# \_\_\_\_\_ Fee: \$175.00 Receipt # \_\_\_\_\_

Is this an amendment?  Yes  No

**This application MUST be submitted no later than 14 days before the scheduled Planning Commission Meeting!**

**ATTACH A LOCATION MAP, SITE AND BUILDING PLAN, AND  
DETAILED DESCRIPTION OF PROPOSED USE**

**Agent for the property owner(s) information**

Name(s): \_\_\_\_\_

Address per tax rolls: \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office/home phone: \_\_\_\_\_ Fax phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Message phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Notarized affidavit by owner that agent has authority to act on their behalf**

There shall be no presumption of approval of any aspect of the process. Each application for a Conditional Use Permit shall have all required submittals before it is accepted as a complete application.

APPLICATION IS HEREBY MADE TO THE PLANNING COMMISSION REQUESTING THAT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total acreage of parcel: \_\_\_\_\_ Area occupied by this use: \_\_\_\_\_

Current zoning designation: \_\_\_\_\_ Current use of land: \_\_\_\_\_

I (We) understand that the Planning Commission shall not authorize a Conditional Use Permit unless the evidence presented is such as to establish that such use will not, under the circumstances of the particular case, be detrimental to the health, safety or general welfare of persons residing or working in the vicinity, and the proposed use will comply with the regulations and conditions specified in the Kane County Land Use Ordinance for such use.

Date signed: \_\_\_\_\_

Signature of owner(s) or agent(s):

\_\_\_\_\_

Planning and Zoning Commission Action

Date: \_\_\_\_\_

Approve

Deny

Planning & Zoning Chairman \_\_\_\_\_