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Date Filed At City Hall

**CITY OF RUSHFORD  
APPLICATION FOR  
CONDITIONAL USE PERMIT**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS of APPLICANT: \_\_\_\_\_

PROPERTY AT \_\_\_\_\_ LOT # \_\_\_\_\_ BLOCK \_\_\_\_\_ ADDITION \_\_\_\_\_

Current Zoning \_\_\_\_\_

This APPLICATION FOR CONDITIONAL USE PERMIT (CUP) shall be filed with the Zoning Administrator, who shall refer all applications to the Board of Appeals and Adjustments. The application shall be accompanied by such plans or data showing that the proposed CUP will conform to the standards set forth. The Board of Appeals and Adjustments shall hold at least one public hearing on the proposed CUP and review the application and render a decision upon the issuance of the CUP, including stipulations of additional conditions and guarantees that such conditions will be complied with when they are deemed necessary for the protection of the public interest. Whenever an application is denied, it cannot be renewed for one year thereafter. In all cases in which conditional uses are granted, the Board of Appeals & Adjustments shall require such evidence and guarantees as it may deem necessary as proof that the conditions stipulated in connection therewith are being and will be complied with.

REASON FOR REQUESTING: CONDITIONAL USE PERMIT (indicate request)

1. I am requesting a Conditional Use Permit (CUP) to:

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

2. STRUCTURE:

Type of Building and Type of Construction? ( ✓Check all that apply.)

Single Family Dwelling: \_\_\_\_\_ Multi Family Dwelling: \_\_\_\_\_ Number of Units? \_\_\_\_\_

Accessory Building: \_\_\_\_\_ Commercial Building: \_\_\_\_\_ Industrial: \_\_\_\_\_

MFG Home: \_\_\_\_\_ Other: \_\_\_\_\_

**CERTIFICATE**

I certify that I am the applicant named herein; that I have familiarized myself with the rules and regulations with respect to preparing and filing this application, that the foregoing statements and answers herein contained and the information on the attached maps or plot plans and any other papers submitted herewith are in all respects true and accurate to the best of my knowledge and behalf.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

NO CONDITIONAL USE PERMIT SHALL BE RECOMMENDED BY THE BOARD OF APPEALS AND ADJUSTMENTS UNLESS THE BOARD SHALL FIND:

1. That the establishment, maintenance, or operation of the Conditional Use will not be detrimental to or endanger the public health, safety, morals, convenience, comfort or general welfare.
2. That the Conditional Use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted, nor substantially diminish and impair property values within the neighborhood.
3. That the establishment of the use will not impede the normal or orderly development and improvement of the surrounding property for uses permitted in the district.
4. That adequate utilities, access roads, drainage and/or necessary facilities have been or are being provided.
5. That measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion the public streets.

If your request does not meet the criteria above, please note how the statement does not apply or how the situation would be remedied.

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