

CONDITIONAL USE PERMIT AND DIMENSIONAL VARIANCE APPLICATION

Please Check One: Conditional Use Permit Dimensional Variance

Applicant Name: _____ Applicant Email: _____
Applicant Address: _____ Applicant Phone: _____

Property Owner Name: _____ Property Owner Email: _____
Property Owner Address: _____ Property Owner Phone: _____

Location of proposed work or use: _____ Source of Title: _____
Zoning District: _____

Clear and accurate description of proposed work/use; or type of dimensional variance requested:

Specific section(s) in the zoning ordinance under which it is claimed the permit should be issued:

Names and **MAILING** addresses of all adjacent property owners (if applicable):
Property Cards from the Property Valuation Administrator's Office is required for each property - Contact (270) 753-3482

There shall be an attached drawing indicating the shape and dimensions of the lot, location of adjoining streets, existing and/or proposed buildings, and existing and/or proposed parking facilities.

This application shall be accompanied by a required fee payable to the **City of Murray** in the amount of **\$100**, PLUS a **\$50.00** recording fee payable to the **Calloway County Clerk**.

Date _____ Signed: _____

*** Office use only**

Chairman, Board of Zoning Adjustments