

City of Fort Pierre
CONDITIONAL USE PERMIT APPLICATION
Application Fee: \$35.00

APPLICATION NAME: _____

PROPOSED USE: _____ ZONE: _____

ADDRESS/LOCATION: _____

CITY OF FORT PIERRE PARCEL NUMBER(S): _____ ACRES: _____

1/4 Section _____ SECTION _____ TOWNSHIP _____ N RANGE _____ E

APPLICANT:

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax Number: _____

City/State/Zip: _____ Professional License No.: _____

Signature: _____ Contact Person: _____

AGENT/CONSULTANT/ATTORNEY: (mandatory if primary contact is different from applicant)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax Number: _____

City/State/Zip: _____ License No.: _____

PROPERTY OWNER 1: (mandatory if different from applicant)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax Number: _____

City/State/Zip: _____ Signature: _____

PROPERTY OWNER 2: (if more than two property owners attach additional info/signature sheets)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax Number: _____

City/State/Zip: _____ Signature: _____

The above signed property owners, certify that the above information is true and correct to the best of our knowledge and under penalty of perjury, each state that we constitute all of the legal owners of the property described above and designate the above parties to act as our agent with respect to this application.

OFFICE USE ONLY: