

## **CONDITIONAL USE PERMIT INFORMATION FOR THE APPLICANT**

1. A conditional use permit requires a public hearing by the Planning Commission.
2. All property owners within 200 feet of the applicant are notified and are given an opportunity to respond to the application.
3. The Planning Commission upon completion of a public hearing will make their recommendation to the City Council who will approve or deny the permit.
4. ***HOME OCCUPATION RESTRICTIONS:***
  - A. No home occupations shall be permitted that create a need for more than two parking spaces at any given time in addition to the parking spaces required by the occupants; in no event shall such number exceed a total of three such spaces;
  - B. No home occupation shall employ more than 2 persons other than the occupants of the dwelling.

**5. ALL RURAL APPLICANTS COMPLETE THE FOLLOWING:**

PROVIDE A LIST OF NAMES AND ADDRESSES OF ALL PROPERTY OWNERS WITHIN 200 FEET OF YOUR PROPERTY ON ALL SIDES. THESE ARE THE PEOPLE THAT MUST BE NOTIFIED.

NAME \_\_\_\_\_

**ADDRESS**

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**APPLICATION FORM  
CONDITIONAL USE PERMIT**

**APPLICANT: NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**OWNER:** (Complete if this is different than the above applicant).

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY:**

**CITY OF BABBITT:** Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

**RURAL AREA** \_\_\_\_\_

**IN DETAIL, STATE THE NATURE OF THIS APPLICATION:**

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Number of employees other than applicant/owner: \_\_\_\_\_

Anticipated number of customers at a given time \_\_\_\_\_

Will there be any exterior storage of materials or equipment? \_\_\_\_\_

If you answered 'yes' to exterior storage of equipment, please explain: \_\_\_\_\_

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

**\*\* On a sheet of graph paper draw your lot (site plan) to scale. Include the location of all buildings on your property and the dimensions of each building. Include the distance from the property line to all buildings. Show the driveway, and all parking spaces. Include a floor plan of your proposed business with the entry way.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

***ZONING OFFICE USE ONLY***

PERMIT NUMBER \_\_\_\_\_ DATE OF PLANNING COMMISSION HEARING \_\_\_\_\_

PLANNING COMMISSION RECOMMENDATION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

SPECIAL CONDITIONS RECOMMENDED BY PLANNING COMMISSION: \_\_\_\_\_

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

DATE OF CITY COUNCIL MEETING: \_\_\_\_\_

CITY COUNCIL ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

SPECIAL CONDITIONS IMPOSED BY CITY COUNCIL: \_\_\_\_\_

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

IS A PERIODIC REVIEW REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_ WHEN \_\_\_\_\_