

**DAVISON COUNTY
CONDITIONAL USE APPLICATION**

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

Application Date: _____
Application Deadline: _____
Contact Phone: _____

Owner Name: _____
Owner Address: _____
Owner Contact Phone: _____

Parcel Number of Parent Parcel: _____
Legal Description of parcel: _____

Zoning District: _____
Reason for Conditional Use Request: _____
Section of Code Allowing Conditional Use: _____

Fee Collected for Variance (\$150): _____
Check #: _____
Receipt #: _____

Planning Commission Hearing Date: _____
Board of Adjustment Hearing Date: _____

FOR ANIMAL FEEDING OPERATIONS ONLY:

Current Animal Units in Operation: _____
Proposed Expansion of Operation: _____

Required Items:

- Detailed site plan (GIS Photo of the property)
- Location and use of adjacent structures
- Application Fee

Signatures of Applicant: _____ **Date:** _____