



City of Sidney

P.O. Box 79, Sidney, Nebraska 69162

APPLICATION FOR CONDITIONAL USE PERMIT

DATE: _____

Filing Fee: \$50.00

Receipt No.: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

ADDRESS OF CONDITIONAL USE PERMIT: _____

LOT: _____ BLOCK: _____ ADDITION: _____

ZONING DISTRICT: _____

DESCRIPTION OF USE FOR CONDITIONAL USE: _____

CONDITIONAL USE PERMIT AUTHORIZED BY SECTION(S) OF THE ZONING CODE: _____

STATE REASON OR REASONS WHY THE PERMIT SHOULD BE ISSUED: _____

SIGNATURE OF OWNER/OWNERS

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APPROVED: _____ DISAPPROVED: _____ DATE: _____

CHAIRPERSON, PLANNING COMM.

SECRETARY, PLANNING COMMISSION

PERMIT No. ISSUED: _____