

**CITY OF ANDERSON
BOARD OF ZONING APPEALS**

**APPLICATION
FOR CONDITIONAL USE**

Property Owner

Name _____

Mailing Address _____

Telephone Number (Work) _____ (Home) _____

Applicant (if different from owner)

Name _____

Mailing Address _____

Telephone Number (Work) _____ (Home) _____

Property Information

Address _____

TMS Number _____

Existing Zoning _____

Current Use of Property _____

Type of Conditional Use requested _____

Factors Relevant to the Request

Description of proposed Conditional Use _____

Reasons for request: _____

Facts indicating that the request will not adversely affect the character, traffic patterns and peaceful nature of the community:

Detailed drawings, legal descriptions, plats, site plans, maps etc. regarding the request must accompany the application.

Application Fee

\$125

I certify that all of the information presented by me in this application is accurate to the best of my knowledge, information and belief.

Signature _____ Date _____

I (We) certify that I (We) are the freeholder(s) of the property involved in this application and further that I (We) designate the person signing as applicant to represent me (us) in this application.

Signature _____ Date _____

Signature _____ Date _____