

\$250.00 _____ Lincoln County
_____ Sioux Falls Joint

CONDITIONAL USE PERMIT APPLICATION

Lincoln County
Office of Planning and Zoning
Courthouse, 104 North Main
Canton, SD 57013
Phone: 605-764-2938
Fax: 605-764-6624
Email: pandz@lincolncountysd.org

Petition No.:	_____
Date:	_____
Filing Fee:	_____
Receipt No.:	_____

I/We, the undersigned, do hereby petition for approval of a conditional use permit on the following described property and authorize representatives of Lincoln County to enter the property for inspection purposes.

Legal description (please print or type): _____

Parcel Size _____

Address or General Location _____

Existing Zoning District _____

Purpose _____

Petitioner (Print) _____

Signature _____

Date _____ Phone _____

Address _____

_____ City State Zip



Owner (Print) _____

If different than above

Signature _____

Date _____ Phone _____

Address _____

_____ City State Zip

<i>Office use only</i>	
Location	_____
Checked By	_____
Given Signs	_____
Site Plan	_____
Add'l Reports	_____
PC Date	_____
PC Action	_____
CC Date	_____
CC Action	_____
Effective Date	_____
Purpose	_____

**SIGNATURES OF ADJOINING OR ABUTTING PROPERTY OWNERS
/VERIFYING NOTIFICATION OF SAID CHANGE:**

APPROVE

DISAPPROVE

CONDITIONS STIPULATED WITH CONDITIONAL USE PERMIT:

Application Approved _____

Denied _____

Date _____

Signature of County Official