



City of Casper Planning Division

Conditional Use Permit Application

OWNER'S INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

LOCATION OF REQUEST:

ADDRESS: _____

LEGAL DESCRIPTION: _____

Number of Lots: _____ Size of Lots: _____

Current Zoning: _____ Current Use: _____

Purpose for which the property is proposed to be used: _____

Prior restrictions placed on the property: _____

Floor area square footage: _____ Number of Occupants or Employees: _____

Building Footprint: _____ Number of off-street parking spaces: _____

A PLOT PLAN IS REQUIRED SHOWING:

(WHERE APPROPRIATE)

lot size and dimensions	size and location of buildings	off-street parking spaces
routes for ingress and egress	internal traffic control	fencing, screening, and landscaping
signs and lighting	setback distances	

The following owner's signature, or agent, signifies that all information on the application is accurate and correct to the best of the owner's knowledge, and that the owner has thoroughly read and understands all application information and requirements.

SIGNATURE OF PROPERTY OWNER: _____

DATE: _____

SUBMIT TO:
Community Development Department
Planning Division
200 N David, RM 203
Casper, WY 82601
Phone: 307-235-8241
Fax: 307-235-8362
www.casperwy.gov
E-mail: dhardy@cityofcasperwy.com

COMPLETE SUBMITTAL NEEDS TO INCLUDE:

- COMPLETED APPLICATION INCLUDING ORIGINAL SIGNATURES
- PROOF OF OWNERSHIP
- \$275 APPLICATION FEE (NON-REFUNDABLE)
- PLOT PLAN

FOR OFFICE USE ONLY:

DATE SUBMITTED:

REC'D BY: _____