

Application for Conditional Use
Mayflower Planning Commission
City of Mayflower, Arkansas

Date:

Filing Fee: \$

Proposed Location:

Address:

Subdivision Name:

Block Number:

Lot Number:

Property description if not in subdivision:

Present Zoning Classification:

Description of Conditional Use Sought: (Use the back if more room is needed.)

Applicant Information

OWNER

Printed Name of Owner

Mailing Address

City State Zip Code

Home Phone Work/Cell Phone

Email

Signature of Owner

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or have authorization to act as the owner's agent for the herein described request.

Planning Commission Action:

Recommend Approved _____ Recommend Disapproved _____

Jana Green-Fornash, Chairman

Date: _____