

# City of Sidney



Montana's Sunrise City

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## APPLICATION FOR CONDITIONAL USE PERMIT

This form is to be completed as part of the Conditional Use Permit process. This form must be completed or the application will be denied.

Name of Property Owner: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Address of Applicant: \_\_\_\_\_  
Phone Number of Applicant: \_\_\_\_\_  
Legal Description of subject property: \_\_\_\_\_  
Current Zoning: \_\_\_\_\_ Land Area: \_\_\_\_\_  
Conditional Use request if for the following reason: \_\_\_\_\_

(use additional pages if necessary)

Department: Public Works  
 Approved  
 Denied  
 Conditionally Approved

Date: \_\_\_\_\_  
Conditions: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Department: Water & Sewer Department  
 Approved  
 Denied  
 Conditionally Approved

Date: \_\_\_\_\_  
Conditions: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Department: Police Department  
 Approved  
 Denied  
 Conditionally Approved

Date: \_\_\_\_\_  
Conditions: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

# City of Sidney



Montana's Sunrise City

Department: Fire Department

- Approved  
 Denied  
 Conditionally Approved

Date:

Conditions:

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Printed Name

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Signature

Department: Building Inspector

- Approved  
 Denied  
 Conditionally Approved

Date:

Conditions:

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Printed Name

---

Signature

Department: City Planner

- Approved  
 Denied  
 Conditionally Approved

Date:

Conditions:

---

Printed Name

---

Signature

Department: District Sanitarian

- Approved  
 Denied  
 Conditionally Approved

Date:

Conditions:

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Printed Name

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Signature