

REQUEST FOR CONDITIONAL USE PERMIT

Town of Mars Hill
Mars Hill, North Carolina 28754

Name & Address of Agent (if any): _____

Location of Property: _____

Tax Map Reference: _____ Zoning Classification: _____

Conditional Use Proposed: _____

(Signature of Applicant) (Date)

Comments: _____

Planning & Zoning Board Action: _____

(Signature of Chairman, P&Z Board) (Date)

Names of all property owners and existing land uses within 200 feet of above subject property attached. (Must be provided by applicant for Conditional Use Permit.)

Application Received: _____ Review Fee Paid: _____