

LEVAN TOWN BUILDING PERMIT APPLICATION

CONDITIONAL USE PERMIT FOR TEMPORARY DWELLING

NAME(S) OF PROPERTY OWNER(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

APPLICATION DATE: _____ TELEPHONE: _____

CONDITIONAL USE REQUESTED AT (ADDRESS): _____

DESCRIPTION OF TEMPORARY DWELLING AND SEWAGE DISPOSAL METHOD: _____

APPROVAL DATE ON PERMANENT BUILDING PERMIT: _____ BUILDING PERMIT # _____

I HAVE READ AND AGREE TO ABIDE BY ALL ZONING ORDINANCES AND/OR REGULATIONS REGARDING
CONDITIONAL USE PERMITS IN FORCE BY THE TOWN OF LEVAN

SIGNATURE(S) PROPERTY OWNER(S)

SIGNATURE OF PLANNING & ZONING

AUTHORIZED TOWN COUNCIL/MAYOR

PERMIT APPROVAL DATE: _____

CONDITIONAL USE BEGINNING DATE: _____ EXPIRES: _____

COMMENTS:

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ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

APPLICATION DATE: _____ TELEPHONE: _____

CONDITIONAL USE REQUESTED AT (ADDRESS): _____

DESCRIPTION OF CONDITIONAL USE TERMS/CONDITIONS: _____

APPROVAL DATE ON PERMANENT BUILDING PERMIT: _____ BUILDING PERMIT # _____

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SIGNATURE OF PLANNING & ZONING CHAIRMAN

SIGNATURE OF MAYOR

PERMIT APPROVAL DATE: _____

COMMENTS: