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## Conditional Use Permit Application

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_  
(if different from above)

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Business Owner: \_\_\_\_\_

New or Existing Business? \_\_\_\_\_

Current Zoning of Property Involved? \_\_\_\_\_

Describe the nature of all business to be conducted for which the conditional use is requested (i.e. restaurant, retail, industry, etc.): \_\_\_\_\_

Describe the type of equipment used on-site: \_\_\_\_\_

Proposed Hours / Days of Operation: \_\_\_\_\_

Describe potential conflicts that may arise between the proposed use and the adjacent land use (i.e. noise, lighting, emissions, odor, traffic, etc.): \_\_\_\_\_

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**Conditional Use Permit Application Fee.....\$100.00**

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The application shall be accompanied by a plan showing the location, size and shape of the lot(s) involved and of any proposed structures, the existing and proposed use of each structure and lot, and shall include a statement in writing by the applicant and adequate evidence showing that the proposed conditional use shall conform to the standards set forth in Section 13.1.57 of the Hillsboro Code of Ordinances. It is preferred that the plan be professionally prepared and be based on a property survey for accuracy. Additional information may be requested at any time.

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**Prior to submission of the application, please review Section 13.1.30 through Section 13.1.61 of the Hillsboro Code of Ordinances.**

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**I have read and understand the provisions of this permit application.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Property Owner**(if necessary): \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:**

**Application and Materials Received On:** \_\_\_\_\_

**Plan Commission Review:**

**Date:** \_\_\_\_\_ **Approved:** \_\_\_\_\_ **Approved w/ Conditions:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

**Public Hearing Held On:** \_\_\_\_\_

**City Council Review:**

**Date:** \_\_\_\_\_ **Approved:** \_\_\_\_\_ **Approved w/ Conditions:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_