



City of Good Thunder Conditional Use Permit Application

Conditional Use Permit Fee: \$25 Plus Publication & Meeting Expenses
Fee must accompany application, payable to the City of Good Thunder

OFFICE USE ONLY
PERMIT #: _____
DATE: _____

OWNER INFORMATION

OWNER: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
PHONE #: _____ E-MAIL: _____

CONDITIONAL USE PROPOSED

PROPERTY ADDRESS: _____ PARCEL #: _____
SIZE OF PROPERTY: _____ CURRENT ZONING: _____
EXISTING USE OF PROPERTY: _____
PROPOSED USE OF PROPERTY: _____

Complete and submit this application along with the permit fee and other required documentation. See the back of this form for a list of required information. The City Council will not act on incomplete applications.

A Public Hearing, with at least 10 days published notice, is required prior to the approval of any Conditional Use Permit. Approval of a Conditional Use Permit does not take the place of a Zoning Permit, Variance or any other Zoning requirement.

I hereby make application to the City of Good Thunder for a Conditional Use Permit. The information on this application and the accompanying documentation are complete and accurate to the best of my knowledge. Work shall not begin until the Conditional Use Permit has been approved.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY **Form of Payment:** Cash Check Number _____

CITY COUNCIL ACTION
Public Hearing Date/Time: _____ Posting/Publishing Information: _____
Comments: _____
Conditional Use Permit Approved: _____ Conditional Use Permit Denied: _____ Date: _____
If denied, reason for denial: _____

**CONDITIONAL USE PERMIT APPLICATION
REQUIRED DOCUMENTS and SUPPLEMENTAL INFORMATION**

Provide all information applicable to your project.
The City Council will not act on incomplete applications.

SITE PLAN

- North arrow.
- Property boundaries, lot dimension and area.
- Location of all existing and proposed streets, sidewalks, driveways, alleys and waterways.
- Location, dimensions and setback of existing and proposed structures.
- Location and dimensions of proposed off-street parking spaces and loading areas.
- Location of all proposed screening, fencing, buffer, or landscaping.
- Location of existing water and sewer system mains and proposed service connections.
- Location, size, and type of proposed signage.
- Location, height, type, direction and intensity of proposed lighting.
- Provisions for storage and waste disposal, garbage, and recycling, including details for screening exterior trash/recycling enclosures.

GRADING AND STORM WATER DRAINAGE PLAN (if applicable)

- Existing contours at two (2) feet intervals
- Proposed grade elevations of two (2) foot maximum intervals.
- Drainage plan, including the configuration of drainage areas and calculations.
- Storm sewers, catch basins, invert elevations, type of castings, and type of materials.
- Spot elevations.
- Proposed driveway grades.
- Surface water ponding and treatment areas.
- Erosion control measures.

OTHER REQUIRED SUPPLEMENTAL INFORMATION

- Describe the project timeline, proposed construction and improvements, proposed property modifications, and any other pertinent details.
- If a business: type of business, type of clientele, hours of operation, number of employees, traffic impact, handling of deliveries (loading/unloading, etc.), and any other pertinent details.
- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the proposed use compatible with the neighborhood? If no, how will the proposed use affect adjacent properties and neighborhoods and how will those concerns be minimized/resolved. |
- | | | |
|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the proposed use create noticeable noise, odor, glare, dust, heat, fumes, smoke, vibration, etc.? If yes, what measures will be taken to prevent, minimize, and/or control these concerns? |
- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the proposed use impact traffic flow or create traffic congestion or a traffic hazard? If yes, explain how traffic concerns will be resolved. |
- Other information as requested.