

CONDITIONAL USE PERMIT

I.C. PLANNING & DEVELOPMENT SERVICES DEPT.
801 Main Street, El Centro, CA 92243 (760) 482-4236

- APPLICANT MUST COMPLETE ALL NUMBERED (black) SPACES - Please type or print -

1. PROPERTY OWNER'S NAME	EMAIL ADDRESS	
2. MAILING ADDRESS (Street / P O Box, City, State)	ZIP CODE	PHONE NUMBER
3. APPLICANT'S NAME	EMAIL ADDRESS	
4. MAILING ADDRESS (Street / P O Box, City, State)	ZIP CODE	PHONE NUMBER
4. ENGINEER'S NAME	CA. LICENSE NO.	EMAIL ADDRESS
5. MAILING ADDRESS (Street / P O Box, City, State)	ZIP CODE	PHONE NUMBER

6. ASSESSOR'S PARCEL NO.	SIZE OF PROPERTY (in acres or square foot)	ZONING (existing)
7. PROPERTY (site) ADDRESS		
8. GENERAL LOCATION (i.e. city, town, cross street)		
9. LEGAL DESCRIPTION		

PLEASE PROVIDE CLEAR & CONCISE INFORMATION (ATTACH SEPARATE SHEET IF NEEDED)

10. DESCRIBE PROPOSED USE OF PROPERTY (list and describe in detail)	
11. DESCRIBE CURRENT USE OF PROPERTY	
12. DESCRIBE PROPOSED SEWER SYSTEM	
13. DESCRIBE PROPOSED WATER SYSTEM	
14. DESCRIBE PROPOSED FIRE PROTECTION SYSTEM	
15. IS PROPOSED USE A BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW MANY EMPLOYEES WILL BE AT THIS SITE?

I / WE THE LEGAL OWNER (S) OF THE ABOVE PROPERTY CERTIFY THAT THE INFORMATION SHOWN OR STATED HEREIN IS TRUE AND CORRECT.

Print Name _____	Date _____
Signature _____	
Print Name _____	Date _____
Signature _____	

REQUIRED SUPPORT DOCUMENTS

A. SITE PLAN	_____
B. FEE	_____
C. OTHER	_____
D. OTHER	_____

APPLICATION RECEIVED BY: _____	DATE _____	REVIEW / APPROVAL BY OTHER DEPT'S required.
APPLICATION DEEMED COMPLETE BY: _____	DATE _____	<input type="checkbox"/> P. W.
APPLICATION REJECTED BY: _____	DATE _____	<input type="checkbox"/> E. H. S.
TENTATIVE HEARING BY: _____	DATE _____	<input type="checkbox"/> A. P. C. D.
FINAL ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DATE _____	<input type="checkbox"/> O. E. S.
		<input type="checkbox"/> _____
		<input type="checkbox"/> _____

CUP
