



## Conditional Use Permit and Dimensional Variance Application

Please Check One: Conditional Use Permit \_\_\_\_\_ Dimensional Variance \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Property Owner Email: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_ Property Owner Phone: \_\_\_\_\_

Location/Address of Proposed Work or Use: \_\_\_\_\_

Source of Title (Deed Book and Page Number): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Clear and Accurate description of proposed work/use: or type of dimensional variance requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific chapter(s)/section(s) in the zoning ordinance under which it is claimed the permit should be issued:  
\_\_\_\_\_

Names and Mailing addresses of all adjacent property owners (if applicable):  
***Property cards from the Property Valuation Administrator's Office are required for each property – Contact (270)-753-3482***  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There shall be an attached drawing indicating the shape and dimensions of the lot, location of adjoining streets, **existing** and/or proposed buildings, and existing and/or proposed parking facilities.

This application shall be accompanied by a required fee payable to the **City of Murray** in the amount of **\$100, PLUS** a **\$50.00** recording fee payable to the **Calloway County Clerk**.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**\*Office use only**

\_\_\_\_\_  
**Chairman, Board of Zoning Adjustments**