

Please complete the form and return it to our office with a \$50 for the hearing fee for the application.

CITY OF CROOKS

Please check appropriate box

(Print or Type)

APPLICATION #: _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE#: _____

PROPERTY ADDRESS: _____

CONDITIONAL US
REZONING
VARIANCE

LEGAL: _____

DATE OF BUILDING PERMIT REQUEST: _____

DATE OF DENIAL: _____

REASON FOR BUILDING PERMIT DENIAL: _____

EXISTING USE OF PROPERTY: _____

PRESENT ZONING CLASSIFICATION _____

PROPOSED ZONING CLASSIFICATION _____

SECTION OF CODE _____

REASON FOR REQUEST: _____

LIST SPECIFIC HARDSHIPS: _____

Applications for Conditional Use Permits and/or Rezoning Requests will not be accepted until the following information has been provided by the applicant:

- A) Detailed Site Plan (Refer to handout)
- B) Location and Use of Adjacent Structures
- C) Application Fee

SCHEDULED FOR PLANNING COMMISSION ACTION (Date): _____

SCHEDULED FOR BOARD OF ADJUSTMENT ACTION (Date): _____

*TENTATIVE DATE (IF APPEALED): Final date announced at Planning Commission Meeting: _____

APPLICATION FEE: _____ CHECK #: _____ RECEIPT #: _____

The undersigned acknowledges/declares that all the facts and representations stated in this application are true and by signing, acknowledges the cost and the procedure for the processing of the application and certifies that the property described by the provided legal description, is not tax delinquent.

Name of Applicant/Owner

Date

Signature of Applicant/Owner

Date

City of Crooks – 701 S West Ave, Crooks, SD, 57020 – PO Box 785

Site plan for variance / conditional use / rezoning application / building permit

Dear applicant:

Please provide a drawing of your anticipated project you have submitted for your variance/conditional use/rezoning/building permit application. The drawing needs to identify the project and provide an idea/concept of the project.

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Crooks Planning and Zoning
Crooks Building Inspection

Site plan

Location and use of adjacent structures (not applicable for building permits):

Signature applicant Date

Name applicant