

**TOWN OF MONTROSE
REQUEST FOR ZONING CHANGE
OR
CONDITIONAL USE PERMIT**

**Please complete application and return with
application fee
two weeks prior to Land Use Committee
Meeting**

Name and Address:

Phone: _____

1. Purpose:

2. Legal description of parcel in question:

3. Attach map or sketch of parcel (professional,

scale drawing not necessary)

- a. Road Cuts
 - b. Dimension of Land (including proposed division, if applicable)
 - c. Location of Structures
4. Type of action requested:
- a. Zoning request
 - b. Conditional Use Permit (CUP)
 - c. Other – Please explain

5. Miscellaneous Information:

6. Application Fee: Zoning \$250.00 or Conditional Use Permit \$125.00. Please make check payable to Town of Montrose.

I (We) hereby acknowledge receipt of a copy of the Town's Land Use Plan, which is to be returned to the Town Clerk when action is complete. I (We) agree to proceed in accordance with the Town of Montrose's ordinances and land use plans.

Signature

Date

Signature

Date

Town
Clerk

Date Filed

Land Use Committee Action: Approved
Disapproved

Date

Town Board Action: Approved
Disapproved