



801 SW 174th STREET NORMANDY PARK, WA 98166 Telephone: (206) 248-7603 Fax: (206) 439-8674

PERMIT # \_\_\_\_\_

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## CONDITIONAL USE PERMIT APPLICATION

Applicant must provide the City with a list of all parcels of land located within 400 feet of any boundary of the property being considered in this application. List must include names, addresses and zip codes of all legal owners and residents of these parcels.

1. Type of Special Property Use \_\_\_\_\_
2. Owner of Building or Property  
Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_
3. Lessee \_\_\_\_\_  
Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_
4. Legal Description of Property: Attach copy if more space is needed.  
\_\_\_\_\_
5. Description of Special Property Use \_\_\_\_\_  
\_\_\_\_\_
6. Anticipated time length of this Special Property use \_\_\_\_\_
7. Planned hours of Special Property use (i.e. Mon thru Wed) \_\_\_\_\_ Hours \_\_\_\_\_
8. Number of employees, assistants, nurses, other personnel \_\_\_\_\_
9. Number of off-street parking spaces available at location \_\_\_\_\_
10. Number of possible vehicles to be parked at one time that will be associated with the Special Property use \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Office Use

Schedule for (Meeting date) \_\_\_\_\_ Receipt Number \_\_\_\_\_  
Application: Granted \_\_\_\_\_ Date granted of denied \_\_\_\_\_  
Denied \_\_\_\_\_ Subject to: \_\_\_\_\_

