

Staff Use Only					
Application Number:					
Received By: Date:					

LAND USE APPLICATION

1. This is the master land use form for the City of Craig. Please use to apply for:

(please circle one of the following as appropriate)

	Administrative Subdivision Major Subdivision 1 2 3 Planned Development Overlay Sign Permit Temporary Use	Annexation Variance or Appeal Minor Subdivision Rezoning Other:	Conditional Use Waiver RV Park Site Plan		
2.	Project Name:				
	Project Name: please print or type legibly				
3.	Contact information: (a list of ad	ditional contacts may be attached)		
	Owner Name:	Applicant Name:			
	Address:	Address:			
	Telephone: Fax:		Fax:		
	E-mail:	E-mail:			
4.	Property Description:				
	Address or Location:				
	Existing Zoning: Existing Use:				
	Proposed Zoning: P				
5. Purpose: (describe intent of this application in 1-2 sentences)					
	Certification: (must be signed in l ertify that I am the lawful owner of the p		ication and hereby consent t	to this action.	

Owner: I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owner(s). I understand that all materials and fees required by the City of Craig must be submitted prior to processing of this application.

Date: _

AND

Applicant: Date: