



CITY OF ELKO PLANNING DEPARTMENT

1751 College Avenue * Elko * Nevada * 89801

(775) 777-7160 phone * (775) 777-7219 fax

APPLICATION FOR CONDITIONAL USE PERMIT APPROVAL

APPLICANT(s): _____
 (Applicant must be the owner or lessee of the **proposed** structure or use.)

MAILING ADDRESS: _____

PHONE NO. (Home) _____ **(Business)** _____

NAME OF PROPERTY OWNER (If different): _____
 (Property owner's consent in writing must be provided.)

MAILING ADDRESS: _____

LEGAL DESCRIPTION AND LOCATION OF PROPERTY INVOLVED (Attach if necessary):

ASSESSOR'S PARCEL NO.: _____ **Address** _____

Lot(s), Block(s), & Subdivision _____

Or Parcel(s) & File No. _____

FILING REQUIREMENTS

Complete Application Form: In order to begin processing the application, an application form must be complete and signed. *Complete* applications are due at least 21 days prior to the next scheduled meeting of the Elko City Planning Commission (meetings are the 1st Tuesday of every month).

Fee: A \$750.00 non-refundable fee.

Plot Plan: A plot plan provided by a properly licensed surveyor depicting the proposed conditional use permit site drawn to scale showing property lines, existing and proposed buildings, building setbacks, distances between buildings, parking and loading areas, driveways and other pertinent information that shows the use will be compliant with Elko City Code.

Elevation Plan: Elevation profiles including architectural finishes of all proposed structures or alterations in sufficient detail to explain the nature of the request.

Note: One .pdf of the entire application must be submitted as well as one set of legible, reproducible plans 8 ½" x 11" in size. If the applicant feels the Commission needs to see 24" x 36" plans, 10 sets of pre-folded plans must be submitted.

Other Information: The applicant is encouraged to submit other information and documentation to support this conditional use permit application.

1. Current zoning of the property: _____

2. Cite the provision of the Zoning Ordinance for which the Conditional Use Permit is required:

3. Explain in detail the type and nature of the use proposed on the property: _____

4. Explain how the use relates with other properties and uses in the immediate area: _____

5. Describe any unique features or characteristics, e.g. lot configuration, storm drainage, soil conditions, erosion susceptibility, or general topography, which may affect the use of the property: _____

6. Describe the general suitability and adequacy of the property to accommodate the proposed use: _____

7. Describe in detail the proposed development in terms of grading, excavation, terracing, drainage, etc.: _____

8. Describe the amounts and type of traffic likely to be generated by the proposed use: _____

9. Describe the means and adequacy of off-street parking, loading and unloading provided on the property: _____

10. Describe the type, dimensions and characteristics of any sign(s) being proposed: _____

11. Identify any outside storage of goods, materials or equipment on the property: _____

12. Identify any accessory buildings or structures associated with the proposed use on the property: _____

(Use additional pages if necessary to address questions 3 through 12)

By My Signature below:

I consent to having the City of Elko Staff enter on my property for the sole purpose of inspection of said property as part of this application process.

I object to having the City of Elko Staff enter onto my property as a part of their review of this application. (Your objection will not affect the recommendation made by the staff or the final determination made by the City Planning Commission or the City Council.)

I acknowledge that submission of this application does not imply approval of this request by the City Planning Department, the City Planning Commission and the City Council, nor does it in and of itself guarantee issuance of any other required permits and/or licenses.

I acknowledge that this application may be tabled until a later meeting if either I or my designated representative or agent is not present at the meeting for which this application is scheduled.

I have carefully read and completed all questions contained within this application to the best of my ability.

Applicant / Agent _____
(Please print or type)

Mailing Address _____
Street Address or P.O. Box

City, State, Zip Code

Phone Number: _____

Email address: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

File No.: _____ **Date Filed:** _____ **Fee Paid:** _____
