



**City of Harrisburg
Planning Services**

301 E Willow St. Harrisburg, SD 57032
Phone: 743-5872 x12 Fax: 743-2831

**CONDITIONAL
USE PERMIT
APPLICATION**

Applicant name: _____ Date: _____

Applicant mailing address: _____

Applicant e-mail address: _____ Phone: _____

Legal description of the property: _____

Current address of the property: _____

Current zoning of the property: _____

Type of Use requested: _____

Reason for Use Permitted on Review request: _____

This Application form must be accompanied by:

- A non-refundable Conditional Use Application Fee of \$300.00.
- An additional non-refundable Late Application Fee of \$200.00 if unauthorized land use occurs prior to approval by the Planning Commission.

A sign posted by the City must be prominently displayed on the property during the period between the submission of the Application and approval of the Use by the Planning Commission.

I hereby certify that the information I have provided is accurate and correct.

Applicant's signature

Fax or e-mail completed & signed form to michael.mcmahon@harrisburgsd.gov

FOR CITY USE ONLY

Date received: _____ CUP # _____ Date sign posted: _____.

Date of public hearing publication: _____

This Application will be scheduled for the Planning Commission meeting of _____.