

City of Harrisburg Planning Services

301 E. Willow St. Harrisburg, SD 57032 Phone: 605-743-5872

CONDITIONAL USE PERMIT APPLICATION

Application Da	ate:					
Applicant Nan	ne:					
Mailing Addre	ss:					
City/State/Zip	:					
Phone:		Email:				
Property Owner Name: (if different)						
Property Owner's Mailing Address:						
City/State/Zip:						
Property Address or Legal description of the property:						
Current zoning of the property:						
Type of use re	quested:					
This Application form must be accompanied by: A non-refundable application fee of \$300.00 Detailed site plan Any other pertinent or requested information regarding the request						
I/we hereby certify that the information I have provided is accurate and correct.						
	Applicant's signature		 Dat	e		
	Property Owner's signat	ure	Dat	 e		

Please submit completed application, detailed plans, and non-refundable fee payment to City Hall or via email to: buildingservices@harrisburgsd.gov

	FOR CITY USE ONLY		
Date received:	Permit #	Hearing Date:	
Date sign posted:	Date of publication:		