



**City of Harrisburg
Planning Services**

301 E Willow St. Harrisburg, SD 57032
Phone: (605) 767-5010

**CONDITIONAL
USE PERMIT
APPLICATION**

Applicant name: _____ Date: _____

Applicant mailing address: _____

Applicant e-mail address: _____ Phone: _____

Legal Description: _____

General Location or Street Address: _____

Current Zoning: _____

Type of Use requested: _____

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

E-mail completed and signed form to buildingservices@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 _____.