



**CHECKLIST FOR CONDITIONAL USE PERMIT
CITY OF LOUISVILLE**

Date _____ Site Address _____

The undersigned requests a Conditional Use Permit for the use specified below. If this application is approved, it is understood that all conditions required by the Planning Commission shall be binding or the permit will be revoked. If the use is discontinued for a year, this permit shall become void.

Name of Property Owner(s) _____

Name of Applicant (if different) _____

Applicant Address _____

Contact Phone _____

Existing Use _____

Description of proposed Conditional Use _____

Supporting Information:

- A. Planning Commission application.
- B. Site plan (drawn to scale) of entire property indicating existing and proposed buildings, abutting streets, building setbacks, lot lines, parking, etc. For short-term rental applications, also include; number of bedrooms, total sleeping capacity, location and number of smoke/carbon monoxide detectors and all points of entry into the dwelling.
- C. Complete plans and specifications for all proposed development and construction.
- D. Conditional Use fee.

Applicant's Signature _____ Date _____

For Office Use Only: Zoning District _____ Lot # _____ Parcel # _____

_____ Listing of property owners and mailing addresses within, contiguous to and directly across the street from the proposed use.