

City Use Only

Date AUP Approved: _____	Date Received: _____
AUP No.: _____	AUP Application No.: _____
Council Hearing Date: _____ P&Z Hearing Date: _____	Paid Fee of \$300.00 on: _____
Application	Drawings
Approved: _____ Denied: _____ Date: _____ Completed: _____	Approved: _____ Date: _____

**City of Breckenridge Hills
Additional Use Permit Application**

**(PLEASE PRINT)
APPLICANT:**

Home Address: _____ City: _____
 State: _____ Zip Code: _____ Phone No.: _____

DESCRIPTION OF PROPERTY:

Street Address or Location _____

Parcel Locator Number _____

Existing Zoning District Classification _____

Land Use/Development: _____ Existing or Prior Use: _____

Proposed: _____

OWNER OF PROPOSED BUSINESS:

Home Address: _____ City: _____
 State: _____ Zip Code: _____ Phone No.: _____

NAME OF BUSINESS:

PROPERTY INTEREST OF APPLICANT: Owner Renter/Lessee Other

OWNER OF PROPERTY:

Home Address: _____ City: _____
 State: _____ Zip Code: _____ Phone No.: _____

REQUIRED ATTACHMENTS

- _____ Site Plan (In conformance with Section 27-22, Zoning Code)
- _____ Out-boundary Plat
- _____ Applicant's & Structure Owner's Valid Drivers License
- _____ Legal Description of the subject property

Application is hereby made with willful consent of Owner for a Additional Use Permit on the proposed land use/development submitted for review as shown and described on this form and that of accompanying Attachments all of which we certify to be true and accurate.

Signature of Applicant	Date	Signature of Property Owner	Date	Signature of Business Owner	Date
_____	_____	_____	_____	_____	_____
PRINT NAME		PRINT NAME		PRINT NAME	

NOTE: APPLICANT and BUSINESS OWNER MUST ATTEND MEETING

(NOTE: Out of State Signatures must be notarized)