

CITY OF AVONDALE ESTATES

CONDITIONAL USE PERMIT APPLICATION

Date Received: _____ Application No.: _____
(To be filled out by City Staff)

Applicant: _____ E-Mail: _____

Applicant Mailing Address:

Applicant Phone: _____ Fax: _____

Owner(s): _____ E-Mail: _____
(If different than Applicant, attach Affidavit of Authorization as an Exhibit)

Owner's Mailing Address:

Owner(s) Phone: _____ Fax: _____

Address/Location of Subject Property: _____

District(s): _____ Land Lot(s): _____ Block: _____ Parcel(s): _____

Type of Conditional Use Requested:

Justification for Conditional Use Permit Request: (Please respond to the following questions by number and attach your responses as a typed Exhibit to this Application).

1. Would the proposed conditional use be injurious to the use and enjoyment of the environment or of other property in the immediate vicinity of the Subject Property?
2. Would the proposed conditional use diminish or impair property values within the surrounding neighborhood?
3. Would the proposed conditional use increase local or state expenditures in relation to cost of servicing or maintaining neighboring properties?

4. Would the proposed conditional use impede the normal and orderly development of surrounding property for uses predominant in the area?

5. Would the proposed conditional use be consistent with a desirable pattern of development for the locality in general?

Notary Public

Signature of Applicant

Date

Check One: Owner _____

Agent _____

Expiration Date/Seal

Updated: 3/20/2008

Ed Rieker, Mayor