



Conditional Use Application
 Planning & Zoning Commission

440 E JEFFERSON PO BOX 249 SALEM, SD 57058 Phone: (605) 425-2301 Email: CitySalem@SalemSD.com
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Applicant Name (if different than property owner)		
Mailing Address		Phone
		Cell
City	State	Zip
Email Address		

Property Owner		
Mailing Address		Phone
		Cell
City	State	Zip
Email Address		

PROPERTY INFORMATION

Property Address or Location	Parcel #
Legal Description	
Current Zone (please circle) --- R1 R2 CB GB LI HI NRC	
Description of Conditional Use Requested:	

Application shall be accompanied by:

- A copy of the site plan
- A non-refundable Conditional Use Application Fee of \$100.00

I hereby certify that the information I have provided is accurate and correct and understand until application, site plan and fee are received no action will be taken.

SIGNATURE OF APPLICANT(S)

DATE

FOR CITY USE ONLY

DATE RECEIVED:	PLANNING & ZONING MEETING:	TIME:
DATE PUBLISHED:	POSTING DATE (PROPERTY & CITY HALL)	LANDOWNER NOTICE SENT:
ACTION TAKEN:		
COMMENTS:		
CONDITIONS:		