Permit/Application No. _____ Date: _____

LYON COUNTY ZONING
REZONING/CONDITIONAL USE
PERMIT/APPLICATION

Application is hereby made to the Lyon County Planning Board for consideration of and recommendation to the Governing Body for an amendment to the LC-Z Regulations affecting the following described property:

Name of Owner:	Site address:
Mailing Address:	Phone:
EMAIL:	S-T-R:
Present Zoning:	Acres: Street Frontage:*(feet)*
Flood Zone:	Current Use:

Description of existing Improvements on property: *(or attachment)*

Reasons for request to change the Zoning or obtain a CUP:

Is there a certified list of property owners within 1,000 feet in the County (and 200 feet in the city) of the property proposed to be rezone/granted a CUP accompanying this application? ○YES ○NO
Is there an Authorized Representative? ○YES ○NO

_____ _____
(Applicant's Signature) Date