



CITY OF ROCK ISLAND
PLANNING DEPARTMENT
CONDITIONAL USE PERMIT

APPLICANT

Any individual or entity holding any ownership or security interests in the land must be listed. Use additional sheets if necessary.

Project Name: _____

What Are You

Proposing: _____

Applicant's Representative:

Last Name: _____ First Name: _____

Business Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Applicant #1:

This party or the "Applicant's Representative" (if an "Applicant's Representative" is identified above) shall receive determination and notices associated with this application and shall be the city's point of contact for processing the application.

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Applicant #2:

Last Name: _____ First Name: _____

Business Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Surveyor:

Last Name: _____ First Name: _____

Business Name: _____ Licensee: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____



Property Information:

Address or Location of the Property: _____

Existing Legal Description: _____

Existing Lot Size(s): _____ Zoning District: _____

Assessor's Tax Parcel ID Number: _____

Existing Land Use(s): _____

Proposed Land Use(s): _____

REQUIREMENTS

All required information and fees must be submitted at time of application. Applications which do not include all the required information and fees will be returned to the applicant.

FEES:

- Pre-Application Meeting \$150 plus actual cost of consultant consistent with RIMC 16.04.080
- Conditional Use Permit (due at application submittal) \$650
- SEPA Review with Public Notice \$350

GENERAL INFORMATION:

Include all the necessary application submittal requirements per RIMC 17.50

AGREEMENTS FOR FULL COSTS OF BILLING:

I understand that the final fee for this application will be based on the costs of the employee time spent processing the application per adopted City Fee Schedule.

I understand that the final costs may be more than the initial fee and that I could be billed for additional charges.

I understand that staff processing times may be variable depending on meeting requests, site visits, reviewing materials, staff reports, public hearings, etc.

I understand that receipt of all discretionary approvals does not constitute entitlement to begin work. Nondiscretionary approval may be required from the city (i.e., Public Works) and other agencies.

I understand additional fees will be assessed for these approvals. These fees may include but are not limited to, building permit fees, development impact fees, and utility connection fees.

As the applicant(s), I(we) assume full responsibility for all costs leading to discretionary approvals (as listed above) incurred by the city in processing this application(s).

Applicant's Representative Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____