

CITY OF LYNDBURST

APPLICATION FOR HEARING BEFORE PLANNING COMMISSION

Person(s) making request: _____

Company Name (if applicable): _____

Applicants interest in or relationship to the property involved in this application:

Address: _____

City _____ State _____ Zip _____

Phone: _____

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Address or description of property for which a hearing is being sought:

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What is the nature of your request to the Planning Commission? Please describe below. If this is a request for a **CONDITIONAL USE PERMIT**, you will need to follow explicitly the requirements applicable to the **CONDITIONAL USE** being sought in addition to this form.

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Is anyone other than the applicant to be notified of meetings on this request? If yes, please state the name(s) below.

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Person receiving application: _____ Date Rec'd: _____