



SULLY COUNTY CONDITIONAL USE PERMIT APPLICATION VARIANCE APPLICATION

Please return application and applicable fee to: Sully County Planning and Zoning Administrator
PO Box 265
Onida SD 57564-0265

Date		Application No.	
Applicant			Phone
Company			
Address	City	State	Zip
Legal Description			
Address of Parcel	City	State	Zip
Parcel Number	Zoning		
Property Owner			Phone
Mailing Address	City	State	Zip
Requested Conditional Use/Variance			
PROJECT INFORMATION AND DESCRIPTION			

A Conditional Use permit shall automatically expire if the use permitted has not been started within twelve (12) months or if the use permitted ceases for a period of twelve (12) months. This permit applies to the use of the property and remains valid for any future owners or operators, as long as the use of the property does not change.

Applicant: _____ Date: _____
(Original Signature is required)

Board of Adjustment: Approved: _____ Denied: _____

By: _____ Date: _____

Permit Fee: \$ _____ Date Paid: _____