



## CITY OF LIBBY

952 E. SPRUCE | POST OFFICE BOX 1428

PHONE 406-293-2731 | FAX 406-293-4090 | WEBSITE: [www.cityoflibby.com](http://www.cityoflibby.com)

### Application for Conditional Use

Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Description: (lot#, block# subdivision)

Corner lot? Yes No

Zoning District: \_\_\_\_\_

Conditional Use Permit related to:

Setback\_\_\_\_ Building/Fence Height\_\_\_\_ Lot Coverage Percentage\_\_\_\_ Business\_\_\_\_ Other\_\_\_\_\_

Summarize Conditional Use request:

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Provide any additional information you would like the Council to consider:

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Applicant signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Council action: Approved\_\_\_\_ Disapproved\_\_\_\_ Date action taken: \_\_\_\_\_

Council notes:

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