

City of Canby
Request for Special Use Permit

Name: _____ Date: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____

Type of Business or Endeavor: _____

Legal Description of Property: _____

Zoning District Use: _____

Description of Proposed Structures (if any): _____

Are you the property owner?: _____

If not, give the property owners information:

Name: _____

Address: _____

The property owner must concur in this request for a Special Use Permit and must give his written consent.

Signature: _____ Date: _____

Note: The Planning and Zoning Commission shall review and give its recommendation. The request will then be submitted to the City Council. Your attendance is required for each of these meetings.

Planning Commission Action: _____ Date: _____

City Council Action: _____ Date: _____