

# Town of Hermosa

PO Box 298 • 230 Main Street • Hermosa, SD 57744

Phone (605) 255-4291 • Fax (605) 255-4094

Email: town@hermosasd.com

DATE \_\_\_\_\_

PERMIT # \_\_\_\_\_

Receipt # \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ (\$50.00)

**\*\* PLEASE INCLUDE TO-SCALE DRAWINGS \*\***

## APPLICATION CONDITIONAL USE PERMIT

Applicant \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Owner of Property (if different from applicant) \_\_\_\_\_

Owner Address \_\_\_\_\_

Permitted conditional use Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Description \_\_\_\_\_

Length of Time Permit is requested (6 MONTH MAXIMUM) \_\_\_\_\_

**APPLICATION MUST BE APPROVED BY THE HERMOSA PLANNING AND ZONING COMMITTEE AND THE BOARD OF TRUSTEES PRIOR TO START OF PROJECT.**

By signing below, I acknowledge that I have read and understand all requirements for a Permitted Conditional Use Permit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### P & Z COMMITTEE

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### BOARD OF TRUSTEES

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Issue Picked Up: \_\_\_\_\_

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)."

Parcel #  
OFFICE USE ONLY