



City of Pauls Valley, Oklahoma

CONDITIONAL USE PERMIT APPLICATION

Name of Property Owner _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Address of Property _____

Legal Description _____

Present Zoning _____

Reason for Requesting Permit _____

****Additional Information (IF NEEDED) write on back****

Applicant's Signature _____

Phone Number _____

*****OFFICIAL USE ONLY*****

RECOMMENDATION OF PLANNING & ZONING COMMISSION

To City Council Approved _____ Disapprove _____

Date: _____ Signed by: _____

Chairman

ACTION BY CITY COUNCIL

Approved _____ Disapprove _____

Remarks: _____

Date: _____ Signed by: _____

Mayor