

**MARSHALL COUNTY APPLICATION FOR CONDITIONAL USE**

DATE: \_\_\_\_\_

**To: Marshall County Planning and Zoning Commission  
PO Box 9  
Britton, SD 57430**

The undersigned do hereby request a conditional use from the Marshall County Zoning Ordinance as provided by Article \_\_\_\_\_ Section \_\_\_\_\_ for the purpose of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_

Owner's Signature (if different than applicant): \_\_\_\_\_

**For Internal Office Use Only:**

Date Received: \_\_\_\_\_ Fees (non-refundable): \_\_\_\_\_ Paid: YES NO

Inspection Report: \_\_\_\_\_  
\_\_\_\_\_

Date of Hearing by Planning and Zoning Commission: \_\_\_\_\_

Action taken by Planning and Zoning Commission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_