Village of Angel Fire
Conditional Use Application

Owner Name: _____
Owner Mailing Address: _____
Owner Street Address: _____
Owner Phone: _(____)_____-_____

Zoning District: _____
Subdivision: _____Lot#: _____Block: _____
Use of Structure: _____

Reason for Conditional Use Request:
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Owner Signature_____Date_____

Conditional Use Fee: $100.00 per Resolution 2001-01