

Commercial Conditional Use Support Statement

Applicant: _____ Date: _____

Parcel ID: _____ Zoning District: _____

Overlay zone: _____ Required setbacks: Front _____ Side _____ Rear _____

Minimum lot size: _____ Minimum frontage: _____

Does the proposed project conform to these requirements? If not please provide explanation.

Proposed Project: _____

Days & Hours of Operations: _____ Number of employees: _____

Available parking spaces: _____ Possible safety hazards: _____

Noise, dust, gas, smoke, or odor: _____

Vibration or glare: _____

Type of waste generated and means of disposal: _____

Road capacity: _____

Traffic Generation: _____

Character of the area: _____

Energy efficiency and Natural Resource Conservation: _____
