

Amount Paid _____
Date _____
Receipt No. _____
Received by: _____

CITY OF CASHMERE
101 Woodring Street
Cashmere, Washington 98815
Phone (509) 782-3513 Fax (509) 782-2840

**CONDITIONAL USE PERMIT APPLICATION
PROFESSIONAL OFFICE BUILDING**

FEE: \$250.00

Cashmere Municipal Code, Section 17.20.030

Name of Applicant: _____

Address: _____

Phone: _____

Owner's Name: _____

Owner's Address: _____

Property Legal Description (may be attached) _____

Site plan attached _____

Property Zoning: _____

Is the building higher than the maximum allowed one story? _____

Can you provide one off-street parking space located behind the front yard setback of twenty feet for each two hundred square feet of gross floor area? _____

Is the lot at least five thousand square feet? _____

If a corner lot, is there a minimum setback on both streets of at least twenty feet? _____

I understand that a professional building is for the use of professionals such as attorneys, physicians, dentists, accountants, professional engineers, or architects. I have answered all questions to the best of my knowledge and understand that if not answered truthfully my permit, if granted may later be revoked. I understand that the fee is non-returnable.

SIGNATURE

DATE