

Lamar County Planning Department

P.O. Box 1240 – 144 Shelby Speights Dr. Purvis, Mississippi 39475 Phone: 601.794.1024

www.lamarcountyms.gov

CONDITIONAL USE WORKSHEET (To be included with the General Application Form)			PPIN NUMBER:		
•					
This property is located on th	North/South/East/W	est	side of		
			and		
and lies between	Name		Street Name		
	1 .00 .0				
1) Adjacent properties' zonin	g classification and	current u	se:		
Property(s) to the NORTH:	Zoning Classific	ation:	Current Use:		
			(Agricultural, Residential, Commerc	ial, Industrial, Vacant)	
Property(s) to the SOUTH:	Zoning Classific	ration:	Current Use:		
Property(s) to the SOUTH: Zoning Class		(Agricultural, Residential, Commercial, Industrial, Vacant)		ial, Industrial, Vacant)	
D () () () EACT 7	C1 : " .:	C	urrent Use: (Agricultural, Residential, Commerc		
Property(s) to the EAST: Zoni	ng Classification:	C	arrent Use:	- ial Industrial Vacant)	
			(Agricultural, Residential, Commerc	iai, inaustriai, vacant)	
Property(s) to the West:	Zoning Classific	cation:	Current Use:		
			(Agricultural, Residential, Commerc	ial, Industrial, Vacant)	
2) Current Property data: (app			_		
Lot Frontage:	feet	Lot Dept	h:fe d or Unimproved:	et	
Square Footage/ Acreage:		_ Improved	l or Unimproved:		
			ved, number of existing buildings: Use of buildings? Agricultural, Residential, Cor		
3) For All Applications: (prov	ide additional inform		narrative if more room is needed)	ilmerciai, industriai, Other	
A. What is the purpose of the re			turrative if more room is needed,		
B Are there any violations on t	his property? YES or	NO If YE	S, please explain:		
C. Screening or buffering being	provided: YES or N	O. If YES.	please explain:		
D. Other Permits Required:	1	, ,	1		
Lamar County Site P	lan (<i>if non-residentic</i>	al): YES or	· NO		
MS DEQ Stormwate					
Local Water Associa	tion Provider Name	if available	::		
Local Sanitary Sewe	r Provider Name if a	vailable: (se	eptic if applicable)		
Electric Power Provi	der Name if availabl	e:			
Any other not listed	immediately above:				
		osed use. Ir	nclude any information you may believ	e is pertinent to the	
review and consideration of you					
			ayout plan of the approximate layout,		
			Parking, Setback Distance(s), If non-re		
			out plans will be considered preliminar	ry and still be	
required to obtain appropriate o			ans.		
5a.) For Proposed Residential			and hama?		
A. Distance to neares			red home?FT actured home? NORTH/ SOUTH/ EAS	T/WEST	
5b.) For Non-Residential: (pro)1/ WES1	
A. Will there be any					
B. How many emplo		iai tiaiiie g	,cheratea.		
C. Any discharge of					
			ty does not provide Sanitation Service to no	on-residential uses.	
E. Will there be any			, and F. C. and Edition Service to he		
-	_	ek: Mon. 7	Tue, Wed, Thu, Fri, Sat, Sun		
			minimum, the nature of the requeste	ed use and how the	
proposed use is appropriate for	_	J.			

Staff Area:

Case Number:

Special Flood Hazard Area: YES or NO (anywhere on parcel) Per Panel: _____