



**PROPOSED USE**

- |  |  |
|--|--|
| <input type="checkbox"/> New Construction      | <input type="checkbox"/> Residential           |
| <input type="checkbox"/> Multi-Family Dwelling | <input checked="" type="checkbox"/> Commercial |
| <input type="checkbox"/> Enlargement           | <input type="checkbox"/> Industrial            |

**Brief Description of Proposed Use:**

Repurposing of existing Pioneer Memorial Hospital for Behavioral Health Services and Counseling facility.

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**TO COMPLETE THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING:**

- Completed Application Form
- Burden of Proof
- Statement or general vicinity map indicating geographical location of property.
- Dimensioned Site Plan, drawn to scale, showing:
  - Actual shape and dimensions of property
  - The location and intended use of each building or structure.
- Building Setbacks
- Roads, streets or alleys bordering the property, and any easements to or on the property.
- Landscaping
- Parking

**By signing this application, the undersigned certifies that he/she has read and understands the submittal requirements stated above. Please note: submission of false or misleading information could lead to the denial of this application request.**

Applicant: see letter of authorization Date: \_\_\_\_\_  
Signature

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**Please note: additional information may be required by the Planning Department prior to the application being deemed complete.**