

CUPFY2023-0010 – Conditional Use Permit Application

Your Name LESH FAMILY LIMITED PARTNERSHIP / BARRY LESH Date 7/5/23

Your Physical Address: 3987 CHINDEN BLVD ; 107 W. 40TH ST.

**(Please select)** I wish to be kept informed of any additional future meeting dates:  
 No     Yes    If yes please provide email address: \_\_\_\_\_

**(Please select)** Regarding this application I:  
 Support the Application     Am Neutral     Oppose the Request

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: 