

APPLICATION FOR CONDITIONAL USE PERMIT
Board Of Zoning Appeals
_____, Ohio

Application No. _____

The undersigned requests a conditional use permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguards required by the Board. If this use is discontinued for a period of more than six (6) months, this permit shall automatically expire.

1. Name of Applicant _____

Mailing Address _____

Phone Number (Home) _____ (Business) _____

2. Location Description: Subdivision Name _____

Section _____ Township _____ Range _____

Block _____ Lot No. _____

3. Existing Use _____

4. Zoning District _____

5. Description of Conditional Use _____

6. Supporting Information: Attach a plan for the proposed use (in triplicate) showing the location of building, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards, and refuse and service areas. Also attach a narrative statement relative to the above requirements and also explain the economic noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.

Date _____

Applicant

For Official Use Only

Date Filed: _____

Date of Notice to Parties in Interest: _____

Date of Notice to Newspapers: _____

Date of Public Hearing: _____

Date of Notice in Newspaper: _____

Date of Notice to Adjacent Property Owner: _____

Fee Paid \$ _____

Decision of Board of Zoning Appeals: _____

If approved the following conditions and safeguards were prescribed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If denied, reason for denial _____

Date _____ Board of Zoning Appeals

_____ Chairman

Note: One (1) copy to be filed with the Zoning Administrator and two (2) with the Board of Zoning Appeals.