

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.

Name of Applicant: _____

Mailing Address: _____

Phone Number: Home () _____ Business: () _____

1. **Locational Description:** Subdivision Name: _____

Section _____ Township _____ Range _____

Other Designation _____ Block _____ Lot No. _____

(If not in a platted subdivision attach a legal description of the area)

2. **Existing Use:** _____

3. **Zoning District:** _____

4. **Description of Conditional Use:** _____

5. **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

_____ Board of Zoning Appeals

Date of Notice in Newspaper: _____

Date of Notice of 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.