

**APPLICATION FOR CONDITIONAL USE PERMIT**  
**Board of Zoning Appeals**

\_\_\_\_\_, Ohio

Application Number: \_\_\_\_\_

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. **Locational Description:** Subdivision Name: \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Other Designation: \_\_\_\_\_ Block: \_\_\_\_\_ Lot No.: \_\_\_\_\_  
*(If not in a platted subdivision attach a legal description.)*

3. **Existing Use:** \_\_\_\_\_

4. **Zoning District:** \_\_\_\_\_

5. **Description of Conditional Use:** \_\_\_\_\_  
\_\_\_\_\_

6. **Supporting Information:**

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

9. Such other information as may be required in **Article 9** of this Zoning Resolution.

**DATE:** \_\_\_\_\_  
\_\_\_\_\_ **APPLICANT**

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*(For Official Use Only)*

Date Filed: \_\_\_\_\_

Date of Notice to Parties in Interest: \_\_\_\_\_

Date of Notice in Newspaper: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_