



**APPLICATION FOR CONDITIONAL USE PERMIT
BOARD OF ZONING APPEALS
Baltimore, 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 the particular use approved noted in this application and any conditions required by the board. If this use has not been instituted or utilized within one (1) year, or if such use is discontinued for a period of more than six (6) months, this permit shall automatically expire and become null and void.

Name of Applicant: _____

Mailing Address: _____

Phone No: (Home) _____ (Business) _____ (Cell) _____

Location(Property Description): Subdivision Name _____

Section _____ Township _____ Range _____ Lot No. _____

(If not a platted subdivision, attach a legal description of the property)

Current Zoning District: _____ **Existing Use:** _____

Description of Proposed Conditional Use: _____

Supporting Information Needed:

Attach the following: Eight (8) copies of the proposed site showing the location of all buildings, parking and loading areas, streets and traffic access, open spaces, refuse and service areas, utilities, signs, yards, landscaping features, lighting and illumination, and any other information required by the board or Zoning Administrator.

A narrative statement discussing the compatibility of the proposed use with the existing uses of adjacent properties and with the Land Use Plan, to include an evaluation of the effects on adjoining properties of such elements as traffic circulation, noise, glare, odor, fumes, and vibration. In the narrative, address each of the applicable criteria contained in Section 1238.03 of the zoning code.

Attach a list of all property owners, including their mailing addresses, which are within, contiguous to or directly across the street(s) from the property. This can be obtained from the Fairfield County Auditor's office.

I certify that the information contained in this application and its supplements is true and correct.

Date

Applicant

(For Official Use Only)

Date Filed: _____ Date of Notice in Newspaper: _____
Date of Notice to Parties of Interest: _____ Date of Public Hearing: _____
Fee Paid: \$ _____

Decision of Board of Zoning Appeals: **Approved** _____, **Denied** _____

If Approved, the following conditions were prescribed:

1. _____
2. _____
3. _____

If Denied, reason(s) for denial:

1. _____
2. _____
3. _____

Date

Board of Zoning Appeals Chairperson

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