

APPLICATION FOR CONDITIONAL USE PERMIT
BOARD OF ZONING APPEALS

Mechanicsburg OH

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 on (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 of Property: _____

Current Zoning District: _____

Description of Proposed Conditional Use: _____

Supporting Information Needed:

A plan of the proposed site for the conditional use showing the location of all buildings, parking an loading area, traffic access and traffic circulation, open spaces, landscaping, refuse and service areas, utilities, signs, yards, and such other information as the Board of Zoning Appeals may require to determine if the proposed conditional use meets the intent and requirements of this Ordinance.

A narrative statement evaluating the effects on adjoining property; the effect of such elements as noise, odor and fumes, and on adjoining property; a discussion of the general compatibility with adjacent and other properties in the district.

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 Champaign 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

Zoning Inspector

Note: One (1) copy to be filled with Zoning Inspector and one (1) with Board of Zoning Appeals