

St Albans Township

Alexandria, OH 43001

APPLICATION FOR Conditional Use

Board of Zoning Appeals

APPLICATION NUMBER _____

The undersigned request for 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 # Home _____

Cell _____

Email Address _____

2. Existing Use _____

3. Zoning District _____

4. Property Location _____

5. Description of Conditional Use _____

6. Supporting Information: Attach a plan for the proposed use showing the location of buildings, 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 and the relationship of the proposed use to the Comprehensive Plan. Include any/all other information as may be required in Section 522 of the Zoning Resolution. Attach a list of the names and mailing addresses of all owners of all properties adjacent to the property in question and any other affected property owner.

Applicant _____ Date _____

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For Official Use Only

Date Issued \_\_\_\_\_ Date of Notice to parties of Interest \_\_\_\_\_ Date of Check \_\_\_\_\_