| Conditional | Use #: | CU- | |
|-------------|--------|-----|--|
| | | | |

Application for Conditional Use
(Refer to Section 521)

An application for a Conditional Use Permit shall be filed with the chairman of the Board of Zoning Appeals by the owner(s) and lessee(s), if any, of the property for which such conditional use is proposed. At a minimum, the application shall contain the following information:

| 1. | Applicant: | Phone: | Email: | ; | | | | |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-------------------|--|--|--|
| | Address: | City: | St: | ate: | Zip: | | | |
| | Relationship to Owner: | | | | | | | |
| 2. | Property Owner: | | | | | | | |
| | Address: | City: | St | ate: | Zip: | | | |
| 1. | | Address for Conditional Use (Attach survey map and legal description): | | | | | | |
| | Address: | City: | St | ate: | Zip: | | | |
| 2. | Description of Existing Use: | | | | | | | |
| | | | | | | | | |
| | | | 10.00 | | | | | |
| 3. | Zoning Districts (List information pertaining to current zoning): | | | | | | | |
| | | appears a second and a second a | | | 33.5 | | | |
| 4. | 4. Description of Proposed Conditional Use: | | | | | | | |
| | | | | | | | | |
| | 4255 yrs - 5-5-5 | | | | | | | |
| 5. | Attach a plan of the proposed site for the conditional use showing the location of all buildings, parking, and loading areas, traffic access and traffic circulation, open spaces, landscaping, refuse and service areas, | | | | | | | |
| | utilities, signs, yards and such other | | | | | | | |
| , | Conditional Use meets the intent | • | | rc | | | | |
| ٥. | Attach a narrative statement eval noise, glare, odor fumes and vibr | | | | | | | |
| ~ | adjacent properties in the district | ; and the relationship of the pro | oposed use to the | e Compre | hensive Plan. | | | |
| | Include any/all other information Attach a list of the names and ma | | | | | | | |
| | question and any other affected p | | , en proportion | , | s and property an | | | |
| certi | fy that the information contained in | n this application and its suppl | ement is true and | d correct. | | | | |
| A poli | cant Signature: | | | Date: | | | | |
| | rty Owner Signature: | | | Date: | 1724 | | | |
| | | Township Use Only | | | | | | |
| Date r | received:/by | | Cash: | or Check | # | | | |
| | osed Board of Zoning Appeals Date | | | | | | | |