

APPLICATION FOR CONDITIONAL USE PERMIT

Board of Zoning Appeals

Dover Township, 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(s) Home: _____ Business: _____ Cell: _____

2. Locational Description:

Subdivision Name _____

Section _____ Township _____ Range _____

Block _____ Lot Number _____

3. Existing Use _____

4. Zoning District _____

5. Description of Conditional Use

6. Supporting Information: Attach a plan for the proposed use (in triplicate) 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.

Date: _____

Applicant

For Official Use Only

Date Filed: _____

Date of Notice to Parties of Interest: _____

Date of Notice to Newspapers: _____

Date of Public Hearing: _____