

APPLICATION FOR CONDITIONAL USE

BOARD OF ZONING APPEALS
CLARK COUNTY, OHIO
3130 E. Main Street, Suite 1A
Springfield, OH 45505
(937) 521-2160 (937) 328-2621 Fax
www.clarkcountyohio.gov

Date Application Filed: _____

Case No. _____

THE REQUIRED FILING FEE MUST BE PAID PRIOR TO PROCESSING. All data requested in this application must be submitted in order to accurately review the proposed case. Incomplete data may result in the application being rejected. This application and all required information must be typed or printed legibly in pen.

- 1) Name of Applicant: _____
- 2) Address: _____
- 3) City/State/Zip: _____
- 4) Phone Number: Residence _____ Business _____
- 5) Name of Owner: _____
- 6) Address of Owner: _____
- 7) Phone Number: Residence _____ Business _____
- 8) Explain the relationship between applicant and the real property owner, if different persons:

- 9) Location of property for Conditional Use requested (Address, Lot number, Tax Permanent Parcel)

- 10) Present Zoning of property: _____
- 11) A brief narrative description of the existing use of the property: _____

- 12) Specify the Conditionally Permitted Use Requested: _____

- 13) State how the requested Conditionally Permitted Use complies with the appropriate section or sections of Chapter 7 of the Clark County Zoning Regulations.
- 14) A scaled site plan showing:
 - a) All existing and proposed structures.
 - b) Lot lines.
 - c) Topography.
 - d) Existing drainage ways and locations if proposed to relocate.
 - e) Bodies of water.
 - f) Relationship to adjoining properties.

- g) Right-of-ways.
- h) Existing and proposed access points.
- i) Easements, existing and proposed.
- j) Locations of existing and proposed utilities.
- k) Locations of existing and proposed sidewalks, parking areas and driveways showing intent to comply with all parking requirements of the Clark County Zoning Regulations.
- l) Proposed treatment of existing topography, drainage ways and tree cover.
- m) Building plans, including floor plans and exterior elevations.
- n) Proposed landscaping and lighting plans.

15) List of all landowners and their tax mailing addresses within 200 feet of the property in questions.

16) Payment of filing fee of \$500. Checks or Money Orders shall be made payable to the "Board of County Commissioners, Clark County, Ohio"

17) Date: _____

18) Print Name: _____

19) Signature of Applicant: _____

20) Signature of Owner: _____

Any party may appear in person or be represented by legal council at the public hearing

APPLICANT'S AFFIDAVIT

STATE OF OHIO}
 COUNTY OF CLARK } SS.

I/We, _____

Being duly sworn depose and say that the foregoing statements in this application and information included in the attachments and exhibits, are true and correct to the best of my/our knowledge and belief; And I/We certify that no legal action has been entered into or is pending that would be affected by any change resulting from approval of this request: And (if the Applicant is not the owner), I/We depose and say that the property owner is aware of this application and concurs with its submission.

 Signature

 Mailing Address

 City/State/Zip

 Phone Number

NOTARY SEAL

In Testimony Whereof, I have hereunto set my hand and official seal, at _____, this _____ day of _____, A.D. 200____.

 Signature of Notary