Application for Variance/Conditional Use

Board of Zoning Appeals
Allen Township
16945 Allen Center Rd.
Marysville, Ohio 43040

Application Fee: $600.00

The undersigned requests a conditional use permit for the use specified below. Should this application be approved, it is understood that it will authorize only 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 months, this permit will automatically expire.

1. Name of Applicant: _____
    Mailing Address: _____
    Phone: Home: _____Business: _____

2. Location Description: Subdivision Name _____
    Section:_____ Home:_____Business: _____
    VMS Designation: _____Block:_____ Lot #: _____

3. Existing Use: _____

4. Property Presently Zoned: _____

5. Description of Conditional Use: _____

6. Supporting Information:

    a. Attach a plan for the proposed use (in triplicate) showing the location of building, parking and loading areas, traffic access & circulation drive, open space, landscaping, utilities, signs, yards & refuse and service areas.
    b. Attach a narrative statement relative to the above requirements and explain the economic, noise, glare & odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.
    c. Provide a list of adjacent and adjoining property owners and addresses.

_____
Date

_____
Applicant Signature/Print Name

Official Use Only

Date Received:_____   By: _____
Date of Notice to Parties of Interest: _____
Date of Notice in Newspaper: _____