

Application Fee \$ \_\_\_\_\_

**APPLICATION FOR CONDITIONAL USE PERMIT**

**BOARD OF ZONING APPEALS**

**SPRINGFIELD TOWNSHIP, OHIO**

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.

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Property Description

Subdivision Name: \_\_\_\_\_

Allotment: \_\_\_\_\_

Lot No.: \_\_\_\_\_

(If not in a platted subdivision, legal description MUST be included)

Existing Use: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

Conditional Use Requested: \_\_\_\_\_

**Required supplemental information:** Provide **ten (10) copies** of a plan for the proposed use showing the location of the building, parking and loading areas, traffic access and circulation drives, open space, landscape, utilities, signage, yards, and refuse and service areas. **A narrative statement** (page 2) relative to above requirements including the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and neighboring properties within the district.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Fee Paid \$ \_\_\_\_\_

