

**CONDITIONAL USE PERMIT
APPLICATION**

Village of South Webster, Ohio
P.O. Box 38
South Webster, Ohio 45682

Application # _____

Date _____

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 the particular use approved noted in this application and any conditions required by the Board of Zoning Appeals.

The undersigned applies for this Permit and said permit to be issued on the basis of the information contained within this application and its supplemental documentation. The applicant certifies that all information and attachments to this application are true and correct.

Name of Applicant: _____

Name of Owner (if different from Applicant): _____

Owner Mailing Address: _____

Conditional Use Location Address: _____

Parcel No: _____ Property Currently Zoned As: _____

Phone Number: _____ Email: _____

Current Use: _____

Description of Proposed Conditional Use:

Supporting Information Needed:

Attach the following: A sketch of the proposed site showing the location of all buildings, parking and loading areas, streets and traffic access, refuse and service areas, utilities, lighting and illumination, and any other information required by the Board of Zoning Appeals or Zoning Administrator. If no changes to the existing building footprint, parcel setbacks, or traffic patterns are being proposed, then a site sketch is not needed.

A narrative statement discussing the compatibility of the proposed use with the existing uses in this zoning district, to include an evaluation of the effects on adjoining properties of such elements as traffic circulation, noise, glare, odor, stormwater runoff, and any other potential impacts.

I certify that the information contained in this application and its supplements is true and correct.

Date

Applicant

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Application # _____

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(For Official Use Only)

Date Received:

Fee Paid:

OUPS Ticket:

Date of Action on Application:

Approved:

Denied:

If Approved, the following conditions were prescribed:

If Denied, reason(s) for denial:

Date: _____

Zoning Administrator

Additional Information Required