APPLICATION FOR CONDITIONAL USE PERMIT BOARD OF ZONING APPEALS VILLAGE OF JACKSON CENTER SHELBY COUNTY, OHIO

Application No.:_____

ap in	the undersigned requests a Conditional Use Permit for the use specified below. Should this plication be approved, it is understood that it shall only authorize that particular use described this application and any conditions or safeguards required by the Board. If this use is scontinued for a period of more than six (6) months, this permit automatically expires.
1.	Name of Owner
	Mailing Address
	Phone Number: (Home) (Work)
2.	Locational Description:
	Subdivision Name Lot No (If not in a platted subdivision, attached a legal description.)
	Street Name and 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 building, 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

Signature of Owner

(FOR OFFICIAL USE ONLY)

Date Filed	-	
Date of Notice to Parties in Interest		_
Date of Notice to Newspapers		
Date of Public Hearing		