

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

Application No.: _____

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 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.

Signature of Owner

Date

(FOR OFFICIAL USE ONLY)

Date Filed _____

Date of Notice to Parties in Interest _____

Date of Notice to Newspapers _____

Date of Public Hearing _____