



2 East Sandusky Street
Fredericktown, Ohio 43019
740-694-9010 | Fax 740-694-9032
fredericktownohio.net

Application No. _____

APPLICATION FOR CONDITIONAL USE PERMIT
BOARD OF ZONING APPEALS

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 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.

1. Name of Applicant _____
Mailing Address _____
Phone Number Home _____ Business _____

2. Location description: Subdivision Name _____
Section _____ Township _____ Range _____
Block _____ Lot No. _____

(If not in a platted subdivision, attach a legal description)

3. Existing Use _____

4. Zoning District _____

5. Description of Conditional Use _____

6. Supporting Information: Attach a plan for the proposed use showing the location of building, parking, and loading areas, traffic access and circulation drives, open space, landscaping utilities, signs, yards, 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 _____
Applicant _____

For Official Use Only

Date Filed _____ Date of Notice to parties of Interest _____

Date of Notice to Newspapers _____ Date of Public Hearing _____ Fee Paid \$ _____