

Etna Township, Ohio

Township Hall: 81 Liberty Street; P.O. Box 188; Etna, OH 43018-0188

Phone: 740-927-7717 Fax 740-927-1699

Conditional Use #: CU-_____

Application for Conditional Use

(Refer to Section 521)

An application for a Conditional Use Permit shall be filed with the chairman of the Board of Zoning Appeals by the owner(s) and lessee(s), if any, of the property for which such conditional use is proposed. At a minimum, the application shall contain the following information:

1. Applicant: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Owner: _____

2. Property Owner: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Property Address for Conditional Use (Attach survey map and legal description):

Address: _____ City: _____ State: _____ Zip: _____

2. Description of Existing Use: _____

3. Zoning Districts (List information pertaining to current zoning): _____

4. Description of Proposed Conditional Use: _____

5. Attach a plan of the proposed site for the conditional use showing the location of all buildings, parking, and loading areas, traffic access and traffic circulation, open spaces, landscaping, refuse and service areas, utilities, signs, yards and such other information as the Board may require to determine if the proposed Conditional Use meets the intent and requirements of this resolution.

6. Attach a narrative statement evaluating the effects on adjoining property; the effect of such elements as noise, glare, odor fumes and vibration on adjoining property, a discussion of the general compatibility with adjacent properties in the district; and the relationship of the proposed use to the Comprehensive Plan.

7. Include any/all other information as may be required in Section 522 of the Zoning Resolution.

8. Attach a list of the names and mailing addresses of all owners of all properties adjacent to the property in question and any other affected property owner.

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

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

Township Use Only

Date received: ___/___/___ by _____ Fee Paid: \$ _____ Cash: ___ or Check # _____

Proposed Board of Zoning Appeals Date: ___/___/___