

VILLAGE OF CONVOY, OHIO
CONDITIONAL USE PERMIT APPLICATION

DATE: _____ APPLICATION FEE \$50.00

NAME: _____
(PRINT)

ADDRESS: _____
(MAILING)

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER _____ WORK NUMBER _____

1. Location of Property seeking Conditional Use Permit

STREET ADDRESS _____ CONVOY, OHIO 45832

LOT NUMBER _____ ZONING DISTRICT _____ SUBDIVISION _____

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

2. Description of existing use:

3. Description of proposed conditional use:

A narrative statement discussing the compatibility of the proposed use with the existing uses of adjacent properties and with the comprehensive plan, to include and evaluation of the effects on adjoining properties of such elements as traffic circulation, noise, glare, odor, fumes, and vibration;

A plan of the proposed site for the conditional use showing the location of all buildings, parking and loading areas, streets and traffic accesses, open spaces, refuse and service areas, utilities, signs, yards, landscaping features, lot lines and such other information as the Legislative Authority may require;

A list containing the names and mailing address of all owners of property within five hundred (500) feet of each corner of the property.

DATE _____ APPLICANT SIGNATURE _____

THIS IS NOT A BUILDING PERMIT NOR AN APPLICATION FOR A BUILDING PERMIT

VILLAGE OF CONVOY
APPLICATION FOR CONDITIONAL USE VARIANCE

ADDRESS LIST OF ADJOINING PROPERTY OWNERS
Please print all names and address

Name:

Address:

City:

State:

Zip:

Name:

Address:

City:

State:

Zip:

Name:

Address:

City:

State:

Zip:

Name:

Address:

City:

State:

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