



## CONDITIONAL USE PERMIT APPLICATION: CHAPTER #1131.02

Application Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FEES:**

Number of Certified Letters to Contiguous Property Owners: \_\_\_ @ \$8.53 = \_\$ \_\_\_\_\_

Newspaper Advertising Expense: \_\$ \_\_\_\_\_

Application Fee= \$500

Total Fee Amount: \_\$ \_\_\_\_\_ Paid: Check # \_\_\_\_\_ / Cash: \_\$ \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_ Phone: \_(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

3. E-mail Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

4. Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

5. Proposed Use of Property: \_\_\_\_\_

6. Number and dimensions of existing and proposed off-street parking or loading spaces, applicable.

7. Number of Dwelling Units: \_\_\_\_\_

8. Square Feet of Living Area (Residential Use Only): \_\_\_\_\_

9. Yard Dimensions: Front: \_\_\_\_\_' Rear: \_\_\_\_\_' Left Side: \_\_\_\_\_' Right Side: \_\_\_\_\_'

10. Percentage of Lot to be covered: \_\_\_\_\_% Area of Lot: \_\_\_\_\_ sq. ft.

11. A plan of the proposed site for the conditional use showing the location of all buildings, parking and loading area, traffic circulation, open spaces, landscaping, refuse, and service areas, utilities, signs, yards, and such other information as the Planning and Zoning Commission may require, to determine if the proposed conditional use meets the intent and requirements of this Ordinance #1131.01 to #1131.09.

12. A narrative statement evaluating the effects on adjoining property, and a discussion of the general compatibility with adjacent and other properties in the district.
13. The names and addresses of all property owners contiguous to, and directly across the street from the property, as appearing on the Licking County Auditor's current tax list.
14. Such other information regarding the property, proposed use, or surrounding area may be pertinent to the deliberations of the Planning and Zoning Commission as determined by the City Planner.

**IN ADDITION, THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION:**

- A set of two (2) scale plans and dimensioned drawings showing the lot, with location of existing and proposed buildings their height and planned alterations are required.
- Attach any requested, supplemental, or necessary documentation such as: Number of dimensions of existing and proposed off-street parking or loading spaces, applicable. Other material may be requested by the Zoning Inspector to determine conformance with and provide for the enforcement of this ordinance.
- For all new businesses or changes of business use, for all commercial buildings with interior remodeling projects you are required to notify the Johnstown Monroe Fire Inspector at (740) 967-2976 of business and interior structure changes. A Licking County Building Department Permit is required for all structural changes, electrical, HVAC and plumbing. Their contact number is (740) 349-6671. (Ask for Heidi or Erin)

*The undersigned is applying for a Conditional Use Permit for the following use to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true & correct and agrees to follow all applicable regulations.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY:**

Date Received in Office: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Permit was Approved Issued on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit was Denied on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Commission Chairperson Signature:   x  \_\_\_\_\_

Additional Comments or Requirements: