



Application for a Conditional Use Permit

Application Number: _____ Date: _____

Fees:

Number of Certified letters to contiguous property owners: _____ @ \$6.70 = _____

Newspaper advertising, for two weeks: Fee: _____

Application fee: \$150

Total fee amount: _____ Paid: _____ Check/cash: _____

Applicant Name: _____ Phone: _____

Mailing Address _____ City: _____

Email address: _____

Johnstown Conditional Use Property address: _____

Zoning District: _____

Ordinance(s) the Variance Applies to: _____

Description and nature of Variance request: _____

In addition, the following items must accompany this application:

1. A set of to scale plans and plat showing all dimensions of lot, building and improvements.
2. Attach a list of property owner's names and addresses contiguous to and directly across the streets(s) from the property for which the Variance is proposed or desired and the mailing addresses of all such persons.
3. Attach a separate narrative statement demonstrating that the requested variance conforms to those conditions answering the following, bullet points.

- Special conditions and circumstance exist which are peculiar to the land, structure or building involved and which are not applicable to other lands, structures in the same district in question.
- That is literal interpretation of the provisions of the Zoning Ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this Zoning Ordinance.
- Special conditions and circumstances, which create the need for a variance, do not result from the action of the applicant.
- Granting the variance requested will not confer on the applicant any special privileges that is denied by the Zoning Ordinance, to other lands or buildings in the same district.

I certify the information contained in this application and attachments is true and accurate.

Applicant's signature: _____ Date: ____/____/____

Office use only

Date received in office: ____/____/____ by: _____

Planning and Zoning Commissioners hearing date: ____/____/____

Permit was approved issued on date: ____/____/____

Permit was denied on date: ____/____/____

Commission Chairperson Signature: _____

Additional comments or requirements: _____
