



Application for Nonconforming Use Permit

Application Number: _____

Fees:

Certified letters to contiguous property owners: _____ @ \$6.70 Total: _____

Circle one:

Single Family Residence base fee includes newspaper notices \$200

Base fee All Other Uses include newspaper notices \$500

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

The undersigned is applying for Nonconforming Use Permit to be issued on the basis of information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct and agrees to follow all applicable regulations, refer to Ordinance 1181.

1. Applicant Name: _____ Phone: _____

Mailing Address: _____

Zip code: _____ City: _____

Email address: _____

2. Address of property to which permit applies: _____

_____ Johnstown, Ohio

3. Business name if applicable: _____

4. Description of present or proposed nonconforming use: _____

5. Present Zoning District: _____

6. Attach a statement of the relationship of the proposed nonconforming use to adjacent land use in terms of general compatibility
7. Attach a list of property owner's names and addresses contiguous to and directly across the streets(s) from the property for which the nonconforming use is proposed or desired to be continued.
8. Attach a plan for nonconforming use showing such information as the Planning and Zoning Commission may need to determine if the nonconforming use, meets the intent requirements of the Zoning Ordinance.
9. Any information the Planning and Zoning Commission may request to evaluate for a nonconforming use permit.
10. What is the length, duration or time for which such nonconforming use has existed: _____

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: _____
