

Application #: _____

Date: _____

HARRISON TOWNSHIP ZONING DEPARTMENT
6750 OUTVILLE RD., PATASKALA, OHIO 43062 (740) 927-8277

APPLICATION FOR CONDITIONAL USE PERMIT

Applicant Name: _____ Phone #: _____

Mailing Address: _____ City/State/Zip: _____

Email Address: _____ District & Parcel #: _____

Zoning District: _____ Existing Use: _____

Property Address: _____ City/State/Zip: _____

Zoning Code Article & Section # Conditional Use applies to: _____

Description and nature of Conditional Use request: _____

The undersigned is applying for a Conditional Use for the following use, said permit 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 and correct and agrees to follow all applicable regulations, pertaining to Article 4 Sections 4.19 through 4.23 of the Harrison Township Zoning Resolution.

Property Owner's Signature (Authorized Representative): _____ Date: _____

Attachments and supporting documentation needed:

1. A certified copy of the deed, from the Licking County Recorder's Office, showing the legal ownership of said property, and legal owner's consent if the applicant is not the legal owner.
2. A drawing of the proposed site for the conditional use showing the location of all buildings, parking & loading area, traffic access, traffic circulation, open spaces, landscaping, refuse & service areas, utilities, signs, & yards. Note additional information may be required by the BZA at the time of the hearing.
3. A narrative statement evaluating the effects on adjoining property; the effect of such elements as noise, glare, odor fumes & vibration on adjoining property; & a discussion of the general compatibility with adjacent & other properties in the zoning district.
4. Names & addresses of adjoining property owners within 500 feet of the property, including across the roadway. This list shall be typed or printed on mailing labels.

****Please attach fifteen (15) copies of the application & all supporting documentation.**

(For Township Use Only)

Date Received: _____ Fee Paid: _____ Check #: _____ Received by: _____

Date Forwarded to BZA: _____ Publication Date: _____ BZA Hearing Date: _____

Conditional Use Decision: Approved Approved with Conditions Denied

Comments/Conditions: _____

_____ Date: _____

Zoning Inspector's Printed Name

Zoning Inspector's Signature