APPLICATION FOR CONDITIONAL USE PERMIT Board of Zoning Appeals Woodville Township, Sandusky County, Ohio

Application No.

The undersigned requests a conditional use permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguards required by the Board. If this use is discontinued for a period of more than six (6) months, this permit shall automatically expire.

	1. Name of Applicant				
	Mailing Address				
	Phone Number (Home)_		(Business)		
	2. Locational Description: Subdivision Name				
	Section	Township	Range		
	Block	Lot N	lo		
	, ,	subdivision attach a legal desc	. ,		
	3. Existing Use		·····		
	4. Zoning District				
	5. Description of Conditional Use				
	building, parking and loading signs, yards, and refuse an requirements and also expla general compatibility with ac	g areas, traffic access and circu d service areas. Also attach in the economic, noise, glare, djacent and other properties in			
oate _	Applicant				
		For Official Use Only	 ,		
Date F					
Date N	Notice Sent to Parties in Interes	st			
Date N	Notice Sent to Newspapers				
Date N	Notice Sent to Adjacent Proper	ty Owners			
Date o	of Public Hearing				
ee Pa	iid \$				

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Application No. _____

Decision of Board of Zoning Appeals: Approved Denied	
If approved the following conditions and safeguards were prescribed:	
1	
2	
3	
4	
5	
If Denied, reason for denial	
Date	
	Chairman

Note: One (1) copy to be filed with the Zoning Inspector and two (2) with the Board of Zoning Appeals.

This form along with the \$250 permit fee can be mailed to Woodville Township, PO Box 121, Woodville, OH 43469, or given to any Trustee or the Zoning Inspector. If you have any questions, please call Woodville Township at 419-849-2492.