



Case No. \_\_\_\_\_

Date Filed: \_\_\_\_\_

*Please use ink*

**PLANNING COMMISSION**  
**CONDITIONAL USE APPLICATION**

An application for a **CONDITIONAL USE** for premises or structures located at:

Street Address \_\_\_\_\_

City Lot Number(s) \_\_\_\_\_ Zoning District \_\_\_\_\_

**OWNER OF PROPERTY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**APPLICANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If you are the applicant, and not the property owner, what is your legal interest in the property? (i.e. renter, business owner, etc.)

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Name, address and telephone number of person to contact for further information if different from the property owner or applicant.

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Please describe in detail the land use for which you desire a conditional use permit:

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Comments: \_\_\_\_\_

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I, \_\_\_\_\_ having been duly sworn, solemnly swear that I am the owner/applicant of the property described above and that I am familiar with the rules and regulations set for in the Zoning Ordinance for the City of West Carrollton, Ohio. I further swear that all information shown on the application and attachments is in all respects, true and correct to the best of my knowledge and belief.

In addition, I understand that the city will give notice of the public hearing by posting a "Zoning Request" sign at the location listed on the application until final decision is made on the application.

\_\_\_\_\_  
Owner of Property

\_\_\_\_\_  
Applicant (If different from owner)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Please list the names and addresses of all property owners **within 200 feet** of the property in question. The number below must correspond to the map which you will submit as part of your application.

NAMES

ADDRESS

CITY, STATE, ZIP

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_