



APPLICATION FOR CONDITIONAL USE PERMIT

Blanchester, 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 of Zoning Appeals.

1. **Name or Applicant** _____
Mailing Address _____
Phone Number: Home _____ Business _____
2. **Locational -Description:** Subdivision Name _____
Section _____ Township _____
Range _____ Other Designation _____
Block _____ Lot No. _____
3. **Existing Use** _____
4. **Zoning District** _____
5. **Description of Conditional Use**

6. **Supporting Information:** Attach a plan for the proposed use (in triplicate) showing the location of the building, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards, and refuse and service areas. Also attach a narrative statement relative to the above requirements, and also explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.
7. **Justification or Conditional Use:** The Board of Zoning Appeals shall approve an application for Conditional Use only when the following conditions are met:
 - a. The Conditional Use is specifically listed or interpreted as listed in the district in question.
 - b. Conditional Use is in general accord with any adopted Village Plans.
 - c. The proposed development will be in keeping with the existing land use character and physical development potential of the area and will not have undesirable effects on the surrounding area.

Date: _____

Applicant

For Official Use Only

Date Filed with Board of Zoning Appeals _____

Date of Notice in Newspaper _____

Date of Public Hearing _____

Date of Notice to Adjacent Property Owners _____

Fee Paid \$ 250.00 _____

Decision of Board:

APPROVED: _____

DENIED: _____

If approved, the following conditions and safeguards were prescribed:

1. _____

2. _____

3. _____

If denied, reason for denial _____

Date _____

Blanchester Board of Zoning Appeals

_____ Chairperson

Note: one (1) copy to be file with Zoning and two (2) with the Village Clerk.