



Village of Saint Paris

135 W. Main St., St. Paris, Ohio 43072

Phone 937-663-4329 Fax 937-663-0350

www.stparisohio.org

APPLICATION FOR CONDITIONAL USE PERMIT

Board of Zoning Appeals

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 (Personal) _____ (Business) _____

2. Address of Property: _____

Subdivision Name _____ Lot # _____

3. Existing Use _____

4. Presently Zoned as _____

5. Description of Conditional Use _____

6. Supporting Information: Attach a plan for the proposed use showing the location of 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 explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.

Date _____

For Official Use Only

Date Filed

Date Notice Sent to Newspapers _____

Date Notice Sent to Adjacent Property Owners _____

Date of Public Hearing _____

Fee Paid \$ _____

CONDITIONAL USE FINDING

Board of Zoning Appeals

Decision of Board of Zoning Appeals: **Approved or Denied**
If approved the following conditions and safeguards were prescribed:

1. _____
2. _____
3. _____
4. _____
5. _____

If Denied, reason for denial

BOARDS OF ZONING APPEALS

Date _____

Chairman

Vice Chairman

Member

Member

Member