# CLARK COUNTY COMMUNITY DEVELOPMENT

3130 E. Main Street, Suite 1A; Springfield, OH 45505
Phone: 937-521-2160 Fax: 937-328-2621 www.clarkcountyohio.gov/community development

## CONDITIONAL USE APPLICATION

Townships: Bethel, Green, Harmony, Madison, Mad River and Moorefield (unincorporated areas only)

SITE ADDRESS _____

TOWNSHIP _____

PROPERTY OWNER'S NAME _____

OWNER'S MAILING ADDRESS _____

OWNER'S E-MAIL ADDRESS _____ PHONE NUMBER ____ / ____ / _____

APPLICANT'S NAME _____

APPLICANT'S MAILING ADDRESS _____

APPLICANT'S E-MAIL ADDRESS _____ PHONE NUMBER ____ / ____ / _____

Give a brief description of the existing use of the property:

_____

_____

Specify the Conditionally Permitted Use requested:

_____

_____

On a separate sheet, provide your responses as to how the requested Conditionally Permitted Use complies with the appropriate section, or sections, of Chapter 7 (Regulations For Conditional Uses) of the Clark County Zoning Regulations.

Provide a scaled site plan showing the following:

a. Lot lines and all existing and proposed structures on the subject property.
b. Existing and proposed access points.
c. All existing and proposed easements and rights-of-way.
d. Bodies of water, existing drainage ways and locations (if proposed to relocate).
e. Relationship to adjoining properties.
f. Locations of existing and proposed utilities.
g. Location of existing and proposed sidewalks, parking areas, and driveways.
h. Proposed treatment of existing topography, drainage ways and tree cover, as applicable.
i. Proposed landscaping and lighting plans, as applicable.

On a separate page, provide a list of all current property owners and their tax mailing addresses within 200 feet of the site address given above.

# APPLICANT'S AFFIDAVIT

STATE OF OHIO}
COUNTY OF CLARK} SS.

I/We, _____

being duly sworn depose and say that the foregoing statements in this application and information included in the attachments and exhibits, are true and correct to the best of my/our knowledge and belief. And I/We certify that no legal action has been entered into or is pending that would be affected by any change resulting from approval of this request. And (if the Applicant is not the Property Owner), I/We depose and say that the Property Owner is aware of this application and concurs with its submission.

SIGNATURE: _____ DATE: ____ / ____ / _____

NOTARY SEAL

In Testimony Whereof, I have hereunto set my hand and official seal, at _____, this _____ day of _____, A.D. _____.

_____
Signature of Notary

FEE: A filing fee of $500, which is non-refundable, must be paid before a Conditional Use Application can be accepted if the fee is not paid, the application is void. Make checks payable to "Clark County Community Development".

**REMINDER:** A Conditional Use Application will not be accepted as officially filed, or be considered for processing, unless or until the appropriate forms have been completed, all information (attachments/exhibits) have been submitted, and all fees have been paid in full.

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** FOR OFFICE USE ONLY **

3/2012

Date Application Received: ____ / ____ / _____ Application Complete: Yes ___ No ___

Scheduled Meeting Date: ____ / ____ / _____ Case No.: BZA - _____ - _____