

APPLICATION FOR CONDITIONAL USE PERMIT
BOARD OF ZONING APPEALS, LICKING TOWNSHIP, OHIO

In accordance with the provisions of the Zoning Resolution of Licking Township, Licking County, Ohio, I hereby apply to the Licking Township Board of Zoning Appeals for a Conditional Use Permit of the Zoning Resolution, Licking County, Ohio, applicable to the subject property.

(Please print or type all information)

Application No. _____

Name of Applicant _____
Mailing Address _____
Phone Number: Home _____ Business _____

Name of Property Owner _____
Mailing Address _____
Phone Number: Home _____ Business _____

1. Location Description:

Address of Property _____
Subdivision Name _____
Section _____ Township Licking Lot No. _____

(If not in a platted subdivision attach a legal description of the area)

2. Existing zoning designation of the subject property: _____

3. Existing use of the subject property: _____

4. Description of the proposed use of the subject property:

5. This Conditional Use Permit application involves the following specifications/conditions of the Licking Township Zoning Resolution: page(s) _____ Section(s): _____

6. Justification of Conditional Use Permit: In order for a Conditional Use Permit to be granted, the applicant **must prove** to the Board of Zoning Appeals that the following items are true. Please address the following questions on a separate page, in a typed letter format. Your comments will be the basis for your request of applying for a Conditional Use Permit.

- A. That special conditions and circumstances exist which are peculiar to the land, structure or buildings in the same district.
- B. That a literal interpretation of the provisions of this resolution would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this resolution.
- C. That special conditions and circumstances do not result from actions of the applicant.
- D. That granting the Conditional Use Permit requested would not confer on the applicant by special privilege that is denied by this resolution to other lands, structures or buildings in the same district.

- E. Owner's consent to application or satisfactory evidence showing applicants legal or equitable interest in property.

8. Attachments and additional information required:

- A. Plans in triplicate and drawn to scale, preferably 8 ½ inches by 11 inches but no larger than 11 inches by 17 inches, must accompany this application showing dimensions and shape of lot, the size and locations of existing buildings, the locations and dimensions of proposed or alterations, and any natural or topographic peculiarities of the subject property.
- B. Provide a list of all adjoining property owners with their complete names and mailing addresses in accordance with the Licking County Auditor's current tax list on mailing labels either in a typed format or in legible handwriting. This includes adjoining property owners on all four sides, including across road right-of-ways. PLEASE NOTE: Failure to accurately list all adjoining property owners will result in return of the Conditional Use Permit application for completion.
- C. A copy of the tax map showing adjoining property owners and the specific location of the subject property within Licking Township. This is available at the Licking County Engineer's Office.
- D. Plans in triplicate of proposed site for conditional use showing the location of all buildings, parking and loading areas, traffic access and traffic circulation, open spaces, landscaping, refuse and service areas, utilities, signs, yards and such other information as the Board may require to determine if the proposed conditional use meets the intent and requirements of this resolution.
- E. A narrative statement evaluating the effects on adjoining property, the effect of such elements as noise, glare, odor, fumes and vibration of adjoining property, a discussion of general compatibility with adjacent and other properties in the district and the relationship of the proposed use to the comprehensive plan.

9. Submittal of this application does not imply nor guarantee approval by the Licking Township Board of Zoning Appeals. Approval or denial of any application is at the sole discretion of the Licking Township Board of Zoning Appeals. It is recommended that a representative for the applicant be present at the scheduled public hearing.

I certify that the information contained in this application and its supplements is true and correct.

Applicant Signature

Date

APPLICATION FOR CONDITIONAL USE PERMIT

List all adjoining property owners with their complete names and mailing addresses. This includes adjoining property owners on all four sides, including across road right-of-ways.

PLEASE NOTE: Failure to accurately list all adjoining property owners may result in denial of the variance.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

When complete, please return application and all documents to the Licking Township Zoning Inspector along with the Conditional Use Permit Fee of \$600.00 (make check payable to Licking Township Trustees). The Zoning Inspector will then forward the request on to the Zoning Clerk for processing.

For Official Use Only

Licking Township Board of Zoning Appeals

Date of Notice in Newspaper: _____

Date of Notice of Adjacent Property Owners: _____

Fee Paid: _____ Check no. _____ Date: _____

Decision of Board of Zoning Appeals: _____

If approved, the following conditions and safeguards were prescribed:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

If denied, reason for denial: _____
