

CP

APPLICATION FOR CONDITIONAL USE

CITY OF MT. HEALTHY
 DEPARTMENT OF BUILDING & ZONING
 7700 PERRY STREET
 MT. HEALTHY, OHIO 45231
 PHONE: (513) 728-3182 EXT. 145
 FAX: (513) 728-3189

1. APPLICANT:

NAME:

FIRM:

ADDRESS:

STATE/ZIP:

PHONE:

2. CORRESPONDENCE DIRECTED TO:

NAME:

FIRM:

ADDRESS:

STATE/ZIP

PHONE:

3. PROPERTY OWNER:

NAME:

FIRM:

ADDRESS:

STATE/ZIP

PHONE:

4. PROPOSED CONDITIONAL USE:

DESCRIBE:

5. LOCATION OF PROPERTY:

ADDRESS: _____ PARCEL #: _____

6. IF THE APPLICANT IS NOT THE OWNER, DESCRIBE THE NATURE OF APPLICANT'S INTEREST IN THE PROPERTY.**7. CAREFULLY READ THE FOLLOWING, SIGN AND DATE BELOW:**

I CERTIFY THAT THE INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION AND ATTACHED DRAWING(S) AND/OR SPECIFICATIONS ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

APPLICATION BY:

SIGNATURE: _____ DATE: _____

SUBMISSION REQUIREMENTS:

1. A site plan and other drawings to scale, showing existing and proposed use of the site, all pertinent natural and manmade features, and adjacent land use and buildings.
2. A list of names and mailing addresses of all owners of property within 300 feet of any part of property in question. (Use the “Property Addresses within 300 feet Worksheet”)
3. A letter requesting a variance and providing the following:
 - a. A statement of need for the proposed variance, its locations and magnitude.
 - b. A summary report identifying and evaluating the consequences and effects of the proposed variance on the surrounding properties and the neighborhood at large.
 - c. A statement indicating how the negative effects, if any, of the proposed variance will be mitigated.