



THE CITY OF MT HEALTHY
ECONOMIC DEVELOPMENT
BUILDING AND PLANNING
7700 Perry Street
Mt. Healthy, Ohio 45231
513.728.3182
www.mthealthy.org

APPLICATION FOR CONDITIONAL USE

Application Number: _____	Date: _____
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Project Address: _____

Property Owner: _____

Applicant: _____

Applicant Address: _____

Applicant Contact Information: PH _____ FAX _____ EMAIL _____

EXISTING USE: _____ Current Zoning _____

DESCRIPTION OF CONDITIONAL USE: _____

PLEASE PROVIDE THE FOLLOWING SUPPORTING INFORMATION WITH APPLICATION:

1. TWO (2) SETS of plans for the proposed use showing the location of building, parking and loading areas, traffic access and circulation drives, open space, landscape, utilities, signs, yards, and refuse service areas.
2. A narrative statement relative to the above requirements and explain the economic, noise, glare, and odor effects on adjoining property and general compatibility with adjacent and other properties.
3. A list of all contiguous property owners.

The undersigned requests a conditional use permit for the use specified above. If this application is 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. If a Zoning Certificate is not issued (paid) within six (6) months, all action on this application shall be voided.

Applicant's Signature:

Name _____ Date _____

Application Fee \$300 Res, \$450 Comm _____ [] PAID [] CASH [] CHECK # _____



*** BELOW FOR DEPARTMENT USE ONLY ***

Date Filed: _____

Date of Public Hearing: _____

Date of Notice to Newspaper: _____

Date of Notice to Parties in Interest: _____

Decision Of Board of Zoning Appeals: Approved Denied **Date:** _____

Special Notes/Provisions: _____

Reason for Denial: _____

ZONING ADMINISTRATOR
