

CONDITIONAL USE APPLICATION
Village of Oak Harbor, Ottawa County, Ohio

Application No. _____

Name _____ Phone Number _____

Address _____

Cell _____ Email _____

Legal Description of Property: Subdivision _____

Section _____ Block _____ Lot _____ Zoning District _____

Description of Existing Use _____

Description of Proposed Use _____

1. Attach a narrative statement evaluating the economic effects on adjoining property, the effect of such elements as noise, glare, odor, fumes and vibration on adjoining property, and a discussion of the general compatibility with adjacent and other properties in the district.
2. Attach a plan of the proposed site for the conditional use showing the location of all buildings, parking and loading area, 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 requirement of the Village of Oak Harbor Zoning Ordinance.
3. Attach a list of property owners, within, contiguous to, and directly across the street from the parcel upon which the conditional use is requested, including the tax mailing addresses of the property owners.

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

I also understand should this application be approved, it shall only authorize that particular use described in this application and any conditions or safeguards required by the Board of Zoning Appeals. If this use is discontinued for a period of more than six (6) months, this permit shall automatically expire.

Date

Applicant Signature

(For Official Use Only)

Date Application Filed _____ Permit Fee: \$ _____

Received By: _____ Date: _____ Amount: _____
Fiscal Officer

Date of Notices: Newspaper _____ Adjacent Property Owners _____

Date of Public Hearing _____

Decision: _____

Conditions imposed by the Board of Zoning Appeals: _____

If Denied, reason/reasons for denial: _____

Date of Action: _____

PLANNING COMMISSION

By: _____
Zoning Inspector/Administrator