APPLICATION FOR CONDITIONAL USE PERMIT
BOARD OF ZONING APPEALS
VILLAGE OF MINSTER
AUGLAIZE COUNTY, OHIO

Application Number: _____

The undersigned requests a Conditional Use Permit for the use specified below. Should this application be approved, it is understood that is 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 automatically expires.

1. **Name of Owner:** _____

   Mailing Address: _____

   Telephone: (Home) _____ **Work:** _____

2. **Location Description:**

   Subdivision Name: _____ **Lot #:** _____
   (If not in a platted subdivision, attach a legal description)

   Street Number and Name: _____

3. **Existing Use** _____

4. **Zoning District** _____

5. **Description of Conditional Use** _____
   _____
   _____

6. **Supporting Information:** Attach a plan for the proposed use showing the location of building, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards, and refuse and service areas. Also attach a narrative statement relative to the above requirements and also explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.

_____ _____
Signature of Owner **Date**

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Date Filed: _____ Fee Paid: _____

Date of Notice in Newspaper:_____

Date of Public Hearing:_____

Date of Notice to Parties in Interest: _____

Decision of Board of Zoning Appeals: Approved: ☐ Denied: ☐

If Approved, the following conditions and safeguards were prescribed:

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

If Denied, reason for denial:

_____

_____

_____

_____

_____

_____

_____

_____ _____

Board of Zoning Appeals President **Date**

Note: One (1) copy to be filed with Zoning Administrator and two (2) copies with the Zoning Board of Appeals.