CITY OF EASTLAKE, OHIO

APPLICATION FOR NEW CONDITIONAL USE PERMIT

DATE_____

PHONE NO._____ FAX NO._____

NAME OF BUSINESS_____

BUSINESS ADDRESS_____

TYPE OF BUSINESS_____

FEDERAL ID NUMBER [redacted]

NAME OF PRINCIPAL/AGENT_____

HOME ADDRESS_____

CITY, STATE, ZIP CODE_____

PHONE NO._____ FAX NO._____

OWNER OF PROPERTY_____

HOME ADDRESS_____

CITY, STATE, ZIP CODE_____

PHONE NO._____ FAX NO._____

_____

SIGNATURE OF APPLICANT

PLEASE SEND YOUR PLANNING COMMISSION FEE OF $180.00 WITH APPLICATION. CHECK SHOULD BE PAYABLE TO THE CITY OF EASTLAKE.

(FOR YOUR INFORMATION A $35.00 CONDITIONAL USE PERMIT FEE WILL BE REQUIRED AT TIME OF ISSUANCE. PLEASE DO NOT SEND AT THIS TIME, YOU WILL BE NOTIFIED.)