The Village of Delta

401 Main Street,
Delta, Ohio 43515
419.822.3190
www.villageofdelta.org

Board of Zoning Appeals

Name of Applicant:

Mailing Address:

Property Address:

Application for Conditional Use Permit

The undersigned requests a conditional use permit for the use specified below. Should this application be 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 months, this permit shall automatically expire.

Existing use:

Presently zoned as: **Parcel#**

Phone: **Email:**

Description of Conditional Use:

1. **Supporting documentation:**
    a. **Attach a plan in duplicate for the proposed use.**
        i. **Showing the location of the building**
        ii. **Parking areas(s)**
        iii. **Other pertinent information.**

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

Applicant's Signature: **Date:**

Applicant or representative must attend the hearing. Failure to attend will result in no action taken and fee forfeiture*

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For Official Use Only

Date Filed:

Date of public hearing:

Date of newspaper notice:

Date of notice to parties interested:

Fee paid:

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

If approved, the following conditions and safeguards were prescribed:

1)

2)

3)

4)

If denied, reason for denial:

Chairman- Board of Zoning Appeals Signature

Date

Applicant or representative must attend the hearing. Failure to attend will result in no action taken and fee forfeiture