



THE CITY OF HARRISON
ECONOMIC DEVELOPMENT
BUILDING AND ZONING DEPARTMENT

300 George Street · Harrison, Ohio 45030

513.202.8494

www.harrisonohio.gov

APPLICATION FOR CONDITIONAL USE

Application
Number:

Date:

Project Address: _____ Project Name: _____

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 and ONE (1) digital set 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 and addresses.

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 _____

[] PAID [] CASH [] CHECK # _____



Application for Conditional Use (Page 2)

Application Number_____

Date Filed: _____

Date of Public Hearing: _____

Date of Notice to Media: _____

Date of Notice to Parties in Interest: _____

Decision Of Planning Commission: ☐ Approved ☐ Denied **Date:**_____

Special Notes/Provisions: _____

Reason for Denial: _____

ZONING APPROVAL