

**VILLAGE OF CARROLL
PLANNING AND ZONING BOARD**

APPLICATION FOR CONDITIONAL USE PERMIT

Application #: _____

Date Filed: _____

The undersigned request a Conditional Use Permit for the use specified below. Should this application be approved, it is understood that is shall authorize only the specific use described in the application any conditions or safeguards required by the Board. If this use is discontinued for more than six (6) months, this permit shall automatically expire.

1. The building, structure or premises for which Conditional Use Permit is requested is as follows:

Address: _____

Lot No. _____ Addition: _____

Parcel No. _____ Current Zoning Classification: _____

2. Name(s) of Property Owner(s) _____

Address of Property Owner(s): _____

Telephone No. _____

3. Name(s) of Occupant(s) of Property: _____

4. Present Use of Property (Include All Uses on Site): _____

5. Proposed Use:	New Construction	No. of Families _____
	Remodeling	Business _____
	Accessory Building	Manufacturing _____
	Residence	Sign Board – Size _____
	Garage	Other _____

6. Legal Description of Property (as on record in the Fairfield County Recorder's Office): _____

7. List below the names and mailing addresses (as they appear on the current tax list of the records of the Fairfield County Auditor) of all property owners within two hundred (200) feet of, contiguous to and directly across the street from the subject property. If available, also provide the telephone numbers of these property owners.

<u>Owners Name</u>	<u>Mailing Address</u>	<u>Telephone Number</u>
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____
e) _____	_____	_____
f) _____	_____	_____
g) _____	_____	_____
h) _____	_____	_____

8. Attach to this application all of the following documents:

- a) Site map or plan showing property lines, streets, existing buildings drawn to approximate scale, in sufficient detail to illustrate the proposed action;
- b) A written narrative detailing the following facts and conditions: How the proposed rezoning will affect adjacent and proximate properties.

9. A fee for application processing, as established by the Carroll Village Zoning Board: \$ _____

10. I hereby certify, to the best of my knowledge and belief, that the foregoing statements and all documents attached hereto in support thereof, are true and accurate.

Name of Applicant(s) (Print) _____	Applicant(s) is/are:	Owner(s)
_____		Occupant(s)
		Owner's Agent
		Other _____

Telephone Number of Applicant(s) _____

Witness: _____ X _____ Applicant

_____ X _____ Applicant
 (Printed Name)

TO BE COMPLETED BY PLANNING AND ZONING BOARD

Date of Advertisement: _____

Date of Meeting to Consider Request: _____

Action of Planning and Zoning Board: _____

Date of Action: _____

Authorized Signature