

FEE: \$50.00

APPLICATION NO. _____ - PZC - _____

**APPLICATION FOR CONDITIONAL USE
PLANNING & ZONING COMMISSION
CITY OF GREENVILLE, DARKE COUNTY, OHIO
(Zoning Regulations Article VII)**

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 Commission.

Name of Applicant: _____

Mailing Address: _____

Phone - Home/Business _____ **FAX** _____

Locational Description:

Address: _____

Lot Number & Subdivision: _____

(If not a platted Subdivision attach a legal description.)

Property Is Presently Zoned As: _____

Existing Use: _____

Description of Conditional Use: _____

Supporting Information: (Include a narrative statement evaluating the effects on adjoining property; the effect of such elements as noise, glare, odor, fumes and vibration on adjoining property; and discussion of the general compatibility with adjacent and other properties in the district; and the relationship of the proposed use to the Zoning District Map. Property owners, within 200 feet of the subject property, names and mailing addresses must be submitted with this application.)

Applicant

Date

DO NOT WRITE BELOW THE LINE - FOR OFFICE USE ONLY

Date of Application: _____ Receipt No: _____

Date of Public Hearing: _____

Date and Recommendation of the Planning & Zoning Commission: _____

