



CONDITIONAL USE PERMIT# \_\_\_\_\_

**CITY OF CIRCLEVILLE CONDITIONAL USE PERMIT APPLICATION**

APPLICANT'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

APPLICANT'S E-MAIL ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
(If same as Applicant, write same)

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT#: \_\_\_\_\_ TAX PARCEL#: \_\_\_\_\_ (Tax  
Parcel information must be provided and can be obtained from your property tax bill or by calling the County Auditor's office 740-474-4765 OR AT  
THEIR WEB SITE HTTP://PICKAWAY.IVIEWAUDITOR.COM)

PRESENTLY ZONED: \_\_\_\_\_ PRESENT USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

A PLOT PLAN OF THE PROPOSED SITE FOR THE CONDITIONAL USE, SHOWING THE LOT SIZE, THE SIZE AND LOCATION OF ALL BUILDINGS (MEASUREMENT OF FRONT, REAR AND SIDE YARD SETBACKS), PARKING AND LOADING AREAS, TRAFFIC CIRCULATION, UTILITIES AND EASEMENTS, AND SUCH INFORMATION AS THE ZONING COMMISSION MAY REQUIRE, MUST BE SUPPLIED.

**PLOT PLAN SUBMITTED: YES  NO**

A LEGAL DESCRIPTION OF THE PROPERTY, AS RECORDED IN THE PICKAWAY COUNTY RECORDER'S OFFICE MUST BE SUPPLIED. **LEGAL DESCRIPTION SUBMITTED: YES  NO**

**THE FOLLOWING STATEMENT REPRESENTS AN ELEVATION OF THE EFFECTS ON ADJOINING PROPERTY, SUCH AS NOISE, GLARE, ODOR, LIGHT, FUMES, VIBRATION, TRAFFIC, ETC.:**

\_\_\_\_\_

**THE NAMES AND MAILING ADDRESSES OF ALL PROPERTY OWNERS WITH 100 FEET, CONTIGUOUS TO, AND DIRECTLY ACROSS THE STREET FROM THE PROPERTY, AS APPEARING ON THE PICKAWAY COUNTY AUDITOR'S CURRENT TAX LIST, IN THE PICKAWAY COUNTY COURT HOUSE, MUST BE PROVIDED.**

LIST OF ADJACENT PROPERTY OWNERS (WITHIN 100 FEET ATTACHED: YES  NO

I hereby state that the information shown above and on the plot plan and any other information submitted, is accurate.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY**

APPLICATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FEE PAID \$ \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK #: \_\_\_\_\_

ON \_\_\_\_\_, THIS PERMIT WAS APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_

SUBJECT TO THE FOLLOWING CONDITIONS/COMMENTS: \_\_\_\_\_

\_\_\_\_\_

IF THE CONDITIONAL USE PERMIT IS APPROVED AND SIGNED BY THE SECRETARY OF THE ZONING COMMISSION, THE ADMINISTRATIVE OFFICER IS HEREBY AUTHORIZED TO ISSUE A ZONING PERMIT, BEING IN COMPLIANCE WITH ALL REQUIREMENTS OF THE ZONING CODE.

SECRETARY OF ZONING COMMISISON: \_\_\_\_\_

DATE: \_\_\_\_\_

(Revised 11/2015)