

**APPLICATION FOR CONDITIONAL USE
BOARD OF ZONING APPEALS, HOCKING TOWNSHIP, OHIO**

Application No. _____
Application Fee: \$ _____

Name of Applicant: _____

Mailing Address: _____

Best Phone Number to Be Reached at: _____

1. Location Description: Subdivision Name: _____

Section _____, Township of Hocking Range _____

Other Designation _____ Block _____ Lot No. _____

(If not in a platted subdivision, attach a legal description)

2. Nature of: Describe generally the nature of the conditional use: _____

In addition, 7 copies of the plans and drawn to scale must accompany this application showing Dimensions and shape of the lot, the size and locations of existing buildings, locations and Dimensions of proposed buildings or alterations, and any natural or topographic peculiarities of the lot in question.

Application fee Payable to Hocking Township Board of Trustees

3. Justification of Conditional Use: In order for a variance to be granted, the applicant must prove to the Board of Zoning Appeals that the following items are true: (Please attach these comments on a separate sheet)

A. Special conditions exist

B. That a literal interpretation of the resolution would deprive the applicant of rights enjoyed by others property owners

C. Name and Addresses

I certify by my signature below that the information contained in this application and its supplements are true and correct.

Date

Applicant(s) Signature

Printed Name(s) _____