



CITY OF FOSTORIA
213 S MAIN ST
FOSTORIA, OH 44830
419-435-8243
zoning@fostoriaohio.gov

BOARD OF ZONING APPEALS APPLICATION FOR CONDITIONAL USE PERMIT

Fee **\$100.00** Application No. _____

Name of Applicant _____

Mailing Address _____

Telephone Number _____ Business _____

Fax Number _____ Email Address _____

Location Address _____

Location Description: Lot No. _____ County _____ Ward _____ Zoning District _____
 (If not a platted subdivision, attach a legal description)

Existing Use: _____

Description of Conditional Use: _____

Supporting Information: Attach a plan for the proposed use (in triplicate) showing the location of building, parking, and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards and refuse service area. Also attach a narrative statement relative to the above requirements and explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with the adjacent and other properties in the district.

Date: _____ Applicant Signature _____

(FOR OFFICIAL USE ONLY)

Date Filed _____ Date of Notice to Newspaper _____

Date of Public Hearing _____ Fee Paid _____ Rec. No. _____

Decision of the Board of Zoning Appeals: Approved Denied

If approved, the following conditions and safeguards were prescribed

If Denied, reason for denial _____

Date

Secretary – Board of Zoning Appeals

Chairman – Board of Zoning Appeals