

Village of Berlin Heights
Zoning Department, PO Box 216, Berlin Heights, OH 44814
Ph 419-599-2097

APPLICATION FOR CONDITIONAL USE PERMIT
BOARD OF ZONING APPEALS

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 Board. Permit is subject to Article _____ of this Zoning Ordinance.

1. Name of Applicant _____
Mailing Address _____
Phone Number _____ Business _____

2. Location description: Please attach a copy of the deed.
Erie County Tax Parcel # _____

3. Existing Use _____

4. Zoning District _____

5. Description of Conditional Use _____

6. Supporting information: Attach a plan for the proposed use showing the location of building, parking and loading areas, traffic access and circulation drives, and service areas. 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 adjacent and other properties in the district.

Date _____

Applicant

(for official use only)

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Date Filed _____

Date of Notice to Parties in Interest _____

Date of Notice to Newspapers _____

Date of Public Hearing _____

Recommendations of the Zoning Board of Appeals:
