



APPLICATION FOR CONDITIONAL USE

***to be attached to corresponding
Application for Zoning Certificate**

**WEATHERSFIELD TOWNSHIP
"Come Home to Weathersfield"**

1451 Prospect Street

Mineral Ridge, Ohio 44440

Phone: (330) 652-6326 Fax: (330) 544-7491

www.weathersfieldtp.com

Property Address _____ Zoning District _____

Property Owner _____

Applicant (if different) _____

1. State the current zoning of the property and current use of the property: _____

2. Provide the names and addresses of all property owners next to and across the street from the property: _____

3. State the provision of the Zoning Regulations that authorizes your requested Conditional Use: _____

4. Describe the specific Conditional use you are requesting for the property: _____

5. Describe the special conditions or circumstances giving rise to the need for a Conditional Use: _____

6. Describe the impact of the requested Conditional Use upon adjoining property owners and the Township, considering the effect of such elements as noise, light, odor, vibration and traffic, and how the proposed conditional use will be compatible with adjacent and other properties in the District: _____
