

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

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

Name of Property Owner: _____

Name of Applicant: _____

Mailing Address of Applicant: _____

Property Address: _____

Email Address: _____

Best Phone Number to Be Reached at: _____

1. Location Description: Parcel Number: _____

Section _____, Township of Hocking Range _____

Acreage of Property _____ Current Property Zoned: RR _____ NB _____ R1 _____

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

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

The plans 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. A total of 9 complete packets shall be submitted to the Zoning Inspector. The packet shall include: a completed application, copy of the parcel from the auditor's website showing parcel and surrounding parcels, drawing(s) showing the plans etc., and explanation in writing why conditional use is wanted.

Application fee Payable to Hocking Township Board of Trustees

3. Justification of Conditional Use: In order for a conditional use 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. Names and addresses of surrounding and contiguous parcels and numbers.

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) _____