

WESTFIELD TOWNSHIP ZONING

APPLICATION FOR CONDITIONAL USE

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. If this use is discontinued for a period of more than six (6) months, this permit shall automatically expire.

Name of Applicant _____

Mailing Address _____

Phone Number _____ Business _____

Cell Phone Number _____ Fax Number _____

Address of Variance _____

Permanent Parcel Number _____ Township Zoning District _____

Property Size in Acres _____ Aerial Photo of Property _____

Drawing of Property showing dimensions _____

Name and Address of Property Owners Adjacent to and Across the Street from Variance Location

The above requirements are available from Medina County Tax Map Office or online at
www.highwayengineer.co.medina.oh.us

Existing Use _____

Description of Conditional Use _____

Supporting Information as pertinent to ARTICLE VI, Sections 605 and 606.

Attach a plan for the proposed use, showing the location of buildings, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards, refuse and service areas and any other information to assist this application. Also attach a narrative statement relative to the above requirements. Also explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.

NOTE: Six (6) copies of the application and supporting information are required.

Applicant _____ Date _____

Conditional Use Official Use Only

1. Date Filed _____
2. Application Fee Paid \$ _____
3. Fee Receipt Number _____
4. Date of Notice to Parties in Interest _____
5. Date of Notice in Newspaper _____
6. Date of Public Hearing _____
7. Date of Boards Decision _____
8. Decision of Board _____
9. If approved the following conditions and safeguards were prescribed
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
10. Duration of Use _____
11. If Denied, Reason for denial _____

12. B.Z.A. Secretary _____ Date _____
13. B.Z.A. Chairman _____ Date _____