



Madison Township, Lake County, Ohio
APPLICATION FOR CONDITIONAL USE PERMIT
Board of Zoning Appeals

2065 Hubbard Road
Madison, Ohio 44057
(440) 428-1120

zoning@madisontownship.net

Application #: _____

The undersigned hereby request a Conditional Use Permit from the Madison Township Board of Zoning Appeals for the use specified below. Should this application be approved, it is understood that it shall only authorize the particular use described in this application and is subject to the conditions and/or safeguards imposed and required by all authorized agencies. Applicant understands that any Conditional Use Permit issued is non-transferrable.

Property Information:

Name of Property Owner(s)/Appellant: _____

Address of Property: _____

Permanent Parcel # _____ Zoning District: _____

Phone Number: Cell (_____) _____ Email Address: _____

Applicant Information (if not Property Owner(s):

Name of Applicant(s): _____

Mailing Address: _____

Phone Number: Cell (_____) _____ Email Address: _____

Description of Conditional Use Proposed: _____

Supporting information: Submit seven (7) copies of the application and, at a minimum, must include; a plan for the proposed use showing locations of buildings, parking and loading spaces, traffic access points and circulation patterns, open space, landscaping, utility connection points, signs proposed, and any other information relating to the proposed use, a legal description of the property involved, a construction timeline, a narrative statement explaining; the proposed use, the economic impact on this and adjacent properties, any adverse noise, odor, or other effects upon the community and immediate area. Original documents larger than 11x17 must be submitted in digital PDF format.

I affirm the contents of this application to be true to the best of my knowledge:

Property Owner/Applicant Signature

Date

Printed Name

Printed Property Owner Name, if different from applicant
*****Site Plans also require the approval of the Zoning Commission**

Fee \$500 (Check made payable to Madison Township 2065 Hubbard Rd. Madison, OH 44057)

Application Fee paid: \$ _____ Check # _____ Date Paid: _____

THIS SIDE FOR OFFICIAL USE ONLY

Date Filed: _____ Fee Paid: \$ _____ Check # _____ /Cash
Received by: _____
Date Property Owner Notices to be sent: _____
Date legal ad sent to Newspaper: _____ Date Legal Ad to be placed: _____
Date of Board of Zoning Appeals Hearing: _____ Time of Hearing: _____

Decision of Board of Zoning Appeals: _____ **Approved** _____ **Denied**

Date of Board Decision: _____

If approved CU# _____

Safeguards prescribed upon Board approval: _____

Reasons/Findings of facts for disapproval: _____

Board of Zoning Appeals Chairman

Board of Zoning Appeals Secretary
