

Name of Applicant:

Mailing Address:

Property Address:

**Application for Conditional Use Permit**

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 months, this permit shall automatically expire.

Existing use:

Presently zoned as:

Parcel#

Phone #:

email:

**Description of Conditional Use:**

**1. Supporting documentation:**

- a. Attach a plan in duplicate for the proposed use.
  - i. Showing the location of the building
  - ii. Parking areas(s)
  - iii. Other pertinent information.

**2. Reference sections of the Darby Township Zoning Resolution**

- a. Sections 560 through 568 (Procedure and Requirements for Approval of Conditional Use Permits)
- b. Online access: <https://www.lucplanning.com>

I hereby certify that the information contained in this application and its supplements are true and correct.

Applicant's Signature:

Date:

**\*\*Applicant or representative must attend hearing. Failure to attend will result in not action taken and fee forfeiture\*\***

Darby Township, Union County, Ohio

Application Number:

**For Official Use Only**

Date Filed:

Date of public hearing:

Date of newspaper notice:

Date of notice to parties interested:

Fee paid:

Decision of Board of Zoning Appeals: Approved

Denied

If approved, the following conditions and safeguards were prescribed:

1)

2)

3)

4)

If denied, reason for denial:

Chairman- Board of Zoning Appeals Signature

Date

**\*\*Applicant or representative must attend hearing. Failure to attend will result in not action taken and fee forfeiture\*\***

**Form update 07/01/2021**