

**JEFFERSON TOWNSHIP
BOARD OF ZONING APPEALS**
6545 Havens Road, Blacklick, Ohio 43004
TEL: (614) 855-4265
FAX: (614) 855-1759
www.jeffersontownship.org
Email: cmccroskey@jeffersontownship.org

APPLICATION FOR CONDITIONAL USE PERMIT

Case Number:	Date:				
<hr/>					
Applicant:	Property Owner:				
<hr/>					
Street Address:	Street Address:				
<hr/>					
City:	State:	Zip:	City:	State:	Zip:
<hr/>					
Phone Number: ()	Phone Number: ()				
<hr/>					
E-Mail Address:	E-Mail Address:				
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In accordance with the provisions of the Jefferson Township Zoning Resolution, Franklin County, Ohio, I hereby apply to the Board of Zoning Appeals for a Conditional Use Permit for the specified use below.

---Please type or print information ---
---Please answer the following questions thoroughly and completely---
---If additional space is needed, attach extra sheets---

1. Parcel #, address of property and lot #/subdivision (If applicable). Legal Description of subject property must be attached to the application.

2. State the proposed use of the subject property.

3. This application involves the following modifications of the Zoning Resolution:

Page Number(s):	Article:	Section(s):
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4. State in what ways the proposed use is necessary and desirable to the neighborhood community:

5. In what ways will the proposed use affect subject and adjacent property?

6. Set forth any other information pertaining to your request:

7. Attachments and additional information required:

- A. Complete and sign application.
- B. Eight (8) copies of a site plan (drawn to scale) indicating the site, as it exists, and any changes proposed for the site. This will include all information regarding property size and boundaries and the size, location, and use of all existing and proposed structures and land for both the subject property and adjacent property (adjacent property and existing structures and land only). The site plan should show any new construction, easements, access, setback requirements, parking areas, and any other information deemed relevant to the request by the Jefferson Township Zoning Department.
- C. One (1) copy of a list of property owners within one thousand (1,000) feet of subject property, the address of the property and the mailing address of the property owners. This list must be obtained from the Franklin County Auditors Office located at 373 South High Street, Columbus, Ohio 43215 on the 20th floor. *(Fee \$0.75 for each notification)*
- D. One (1) set of mailing labels for each property owner within one thousand (1,000) feet of subject property.
- E. One (1) E-size map showing properties within one thousand (1,000) feet of subject property. This map must be obtained from the Franklin County Auditors Office located at 373 South High Street, Columbus, Ohio 43215 on the 20th floor.
- F. Application filing fee payable to Jefferson Township. *(Fee \$400/Residential; \$600/Commercial) + notification*

8. Statement of Understanding:

I, _____ (applicant/owner/agent) understand that this application must be filed with all pertinent information, as it relates to the requirements of the Jefferson Township Zoning Resolution and any other information required by Jefferson Township Zoning Department. I understand that my application will not be filed until all information has been received and that the Jefferson Township Zoning Department reserves the right to delay any request until such information has been received. I have been informed of my right to meet with staff prior to the submission of my application and have either met with staff, through a scheduled appointment, or have waived my right to do so.

Applicant / Agent Signature: _____

Date: _____

9. Certification:

Before completing this application and executing the following certification, it is recommended that the application be discussed with the Staff of the Jefferson Township Zoning Department.

APPLICANT'S CERTIFICATION

I / WE _____ certify that I am / We are the owner(s) of land included in the application and that the foregoing statement herein contained and attached, and information or attached exhibits thoroughly to the best of my / our ability present the arguments in behalf of the application herewith submitted and that the statements and attached exhibits above referred to are in all respects true and correct to the best of my / our knowledge and belief.

Signature of Property Owner: _____ Please Print: _____

Mailing Address: _____

City, State, and Zip: _____

Phone #: () _____ Cell #: () _____

E-Mail Address: _____

Signature of Applicant: _____ Please Print: _____

(If different than property owner)

Mailing Address: _____

City, State, and Zip: _____

Phone #: () _____ Cell #: () _____

E-Mail Address: _____