

Village of Hanover Ohio

APPLICATION FOR CONDITIONAL USE PERMIT Section 518-526, Hanover Zoning Code "Appendix G"

Date _____

1. Applicant Name: _____ Phone: _____
2. Mailing Address: _____ City: _____
3. Email Address: _____
4. Property Address: _____
5. Applicant to provide names and addresses of all legal owners within 500' from any point on the perimeter of the applicant's property line in mailing address format.
6. Current Zoning: _____
7. Current Use: _____
8. Description of Proposed Conditional Use: _____

I certify the information contained in this application and attachments is true and accurate.

Applicants signature: _____ Date: _____

-- Below for official use only --

Application Number: _____

Total Fee Paid: \$ _____ Check Number: _____ Cash: _____

1. Does the current zoning district of the property allow the requested Conditional Use (circle one)?
Yes or **No**

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2. Will the conditional use permit alter the waste load from the structure into the sewer system (circle one)? **Yes** or **No**
 - a. (If Yes, a modification to the customers ERU calculation shall occur for the sewer account / bill pass details to sewer board)

3. Will the conditional use increase the well demand to a point that the use becomes a public water system (circle one)? **Yes** or **No**
 - a. (if yes, additional details needs to be provided that the appropriate approvals have been received from the Health Department or OEPA)

4. Remarks:

Application Received: ___ / ___ / ____ By: _____

Newspaper Advertising Dates: ___ / ___ / ___ and ___ / ___ / ____ (section 514)

Number of contiguous property owners notified by certified letters: _____ (section 516)

BZA Meeting Date: ___ / ___ / ____ (section 514)

Board of Zoning Appeals - Appeal Approved: ___ / ___ / ____ Appeal Denied: ___ / ___ / ____

Signatures (as needed):

Village of Hanover, Board of Zoning Appeals: _____

Village of Hanover, P&Z Chairperson: _____

Village of Hanover, Mayor: _____