



# APPLICATION FOR CONDITIONAL USE PERMIT

Section 519 - 527, Hanover Zoning Code

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

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:

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Application Received: \_ / \_ / \_ By: \_\_\_\_\_

Newspaper Advertising Dates: \_ / \_ / \_ and \_ / \_ / \_ (Sec. 516)

Number of contiguous property owners notified by certified letters: \_\_\_\_\_ (Sec. 517)

BZA Meeting Date: \_ / \_ / \_ (Sec 518)

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: \_\_\_\_\_