CONDITIONAL USE PERMIT APPLICATION

Perkins Township Community Development 2610 Columbus Ave., Sandusky, OH 44870 www.perkinstownship.com (419) 609-1435

*Must download and save application before the signature or submittal options are available.



PROPERTY OWNER INFORMATION				APPLICANT TO PROVIDE
OWNER NAME				O Non-refundable filing fee
OWNER ADDRESS				of \$350. Fees may be paid
OWNER ADDRESS				by cash, check, or credit card (5% convenience fee)
HOME PHONE	CELL PHONE		EMAIL ADDRESS	O 2 copies of the
				application and all
AGENT INFORMATION				supporting documents
AGENT NAME				 Legal description of the property
AGENT ADDRESS				O A plan of the proposed
AGENT ADDICESS				site for the conditional use
(CITY STATE ZIP)				O A narrative statement
				explaining how the
PHONE				conditional use will affect the surrounding area
				O A narrative statement
EMAIL ADDRESS				addressing each of the
PROPERTY/LOCATION INFORMATION				criteria contained in Section
PARCEL NUMBER	CURRENT ZONING		ACREAGE	9.2 of the Perkins Township Zoning Resolution
THREE NOMBER	CORREST ZOTATO		TICKE/IGE	
ADDRESS	SUBDIVISION			
DESCRIPTION OF PROPOSED CONDITIONA	L USE			
APPLICATION AUTHORIZATION				
**I hereby certify that I am the owner or agent for the owner and all information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with the application should be sent to my attention at the address shown above.				
PRINT: Owner/Agent			DATE:	
SIGNATURE: Owner/Agent				
STAFF REVIEW				
Submittal Date: • Walk In	o Mailed	o Emailed		Processed By:
Signature			Title	Date