

CONDITIONAL USE PERMIT APPLICATION

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



PROPERTY OWNER INFORMATION			APPLICANT TO PROVIDE
OWNER NAME			<input type="radio"/> Non-refundable filing fee of \$350. Fees may be paid by cash, check, or credit card (5% convenience fee)
OWNER ADDRESS			
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
AGENT INFORMATION			<input type="radio"/> 2 copies of the application and all supporting documents <input type="radio"/> Legal description of the property <input type="radio"/> A plan of the proposed site for the conditional use <input type="radio"/> A narrative statement explaining how the conditional use will affect the surrounding area <input type="radio"/> A narrative statement addressing each of the criteria contained in Section 9.2 of the Perkins Township Zoning Resolution
AGENT NAME			
AGENT ADDRESS			
(CITY STATE ZIP)			
PHONE			
EMAIL ADDRESS			
PROPERTY/LOCATION INFORMATION			
PARCEL NUMBER	CURRENT ZONING	ACREAGE	
ADDRESS	SUBDIVISION		
DESCRIPTION OF EXISTING USE			
DESCRIPTION OF PROPOSED CONDITIONAL 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:		<input type="radio"/> Walk In <input type="radio"/> Mailed <input type="radio"/> Emailed	Processed By:
Signature		Title	Date