

PLANNING, ZONING & ECONOMIC DEVELOPMENT DEPARTMENT

9184 State Route 43, Streetsboro, OH 44241 (330) 626-4942 Ext. 127 Fax (330) 626-4035

CONDITIONAL USE PERMIT

Date: _____

Applicant Name: _____

Applicant Address: _____

City, State and Zip Code: _____

Phone Number: _____ Fax Number: _____

Mobile Number: _____

Company Name: _____

Company Address: _____

City, State and Zip Code: _____

Phone Number: _____ Fax Number: _____

Property Owner: _____

Property Owner Address: _____

City, State and Zip Code: _____

Phone Number: _____ Fax Number: _____

Mobile Number: _____

Explanation of Conditional Use: _____

Code Section: _____

Fee: \$250.00 plus cost of notices (notice cost billed separately)
20 copies of information/site plan – prefer 11x17 size on site plan

I recognize it is my responsibility to submit a complete application and my failure to do so could subject this application to not being submitted for consideration by the Commission.

Applicant Signature: _____ Date _____

Property Owner Signature: _____ Date _____

All Fees are non-refundable (per Code Section 149.01)

Rev Fee 04-28-05 Ord. 2005-47