



**Planning Commission
Hearing Request:
Conditional Use**

Planning & Zoning Department
100 Dayton St, 2nd Floor
Yellow Springs, OH 45387
(937) 767-1702

[FOR OFFICE USE ONLY]

Case #: _____

Hearing Date: _____

Applicant Information

Property Address:			
Property Owner:	Phone:		Email:
Applicant Name:	Phone:		Email:
Mailing Address:			

Project Information

Current Use: _____

Proposed Project/Use: _____

Total off-street parking accommodation? _____

Do you plan to install a sign(s)? _____

Site Plan Attached (Required): **Stormwater Mitigation Plan Attached:**

I understand that approval of this application does not imply approval for any administrative review, conditional use permit, variance, or exception from any other Village regulations which are not specifically the subject of this application. I understand that I remain responsible for satisfying requirements of any easements or private restrictions or covenants affecting the property.

I understand that the Village is not responsible for inaccuracies in information I have presented, and that inaccuracies may result in the revocation of any Zoning permit as determined by the Village. I further certify that I am an owner, or lessee, or agent fully authorized by the owner to make this application. I understand any statements made to me about the time required to process this application are general estimates and not binding. Further, I understand that it may be necessary for the Village to request additional information and clarification after I have submitted this application and accompanying documentation.

I understand this application is a public record and the property will be posted with signage by Village staff prior to any public hearings and that I am responsible for the cost of repair or replacement if such signage is damaged or removed by non-Village personnel.

I hereby certify under penalty of perjury that I am the applicant and the information and statements I have given on this application, drawings, and specifications are, to the best of my knowledge, true and correct.

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY		
Zoning Fee: \$ _____	Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Card	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Other fees: \$ _____	Zoning District:	Permit Number:
Total \$	Zoning Official Name and Title	Date