

## BOARD OF ZONING APPEALS (BZA) CONDITIONAL USE PERMIT APPLICATION

ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED.

Application Fee: \$400.00\* Per Fee Schedule

\*Does not include transcript cost.

Applicant:		
Address/City/State/Zip:		
Email Address:		
Phone No:	Cell Phone No:	Fax No:
Property Owner:		
Address/City/State/Zip:		
Email Address:		
Phone No:	Cell Phone No:	Fax No:
Architect/Designer for Applicant: _		
Email Address:		
Phone No:	Cell Phone No:	Fax No:
Property Address:		
Lot Number/Subdivision:	Existing Use:	Proposed Use:
Reason for Administrative Review (att	ach necessary documents):	
,		
Checklist:		
☐ Legal description of the property.		
☐ Vicinity Map and site/plot plan as r	aguirad	
	equired. posed use. Please be very detailed regarding t	he proposed use
		properties and the overall plans for the City, and the standards as
	well Zoning Code. Include pertinent subject ma	
		ssion or City Staff in the space below or attach additional pages.
•		other drawings or written material that will help the Administration
and the Board understand the nature		5
☐ 1 digital copy (CD, USB, Email) o	· ·	
☐ Attach the required fee - \$400.00*		
·	10) days prior to a public hearing or public mee	ting, pursuant to ordinance 1107.035
Public notice sign details found here		

## APPROVAL SHALL EXPIRE AND MAY BE REVOKED IF CONSTRUCTION DOES NOT BEGIN WITHIN TWO (2) YEARS FROM THE DATE OF ISSUANCE OF APPROVAL.

I agree to grant the City Staff, the Commission, Board or Council considering this application access to the property that is the subject of this application for the purposes of reviewing this application and posting public notice for this application.

Signature of Appellant:			Date:		
	Office Use		Office Use		
			Type/Date:		
Received			Base Fee:	\$400.00	
	Received		Prepared by:		
			Reviewed by:		
			PAYOR:		
			RECIEPT#		

City of Powell · 47 Hall Street · Powell, Ohio 43065 · (614) 885-5380 · (614) 885-5339 fax· www.cityofpowell.us