

Milton Township, Ashland County, Ohio
APPLICATION FOR CONDITIONAL USE
BOARD OF ZONING APPEALS

The undersigned requests a Conditional Use permit for the use specified below. Should this application be approved it is understood that it shall only authorize that particular use described in this application and with conditions, if any, required by the Board of Zoning Appeals. If this use is discontinued for a period of more than twenty-four (24) months, this permit shall automatically expire.

Name of Applicant _____

Mailing Address _____

Home Phone Number _____ Business or cell _____

1. Legal Description of Property

Plot Map Section Identification Number _____ Plot Map Identification Number _____

Tax Parcel Identification Number G220 _____ (obtained from www.ashlandcoauditor.org)

Section _____ Acreage of property _____

Subdivision Name (if applicable) _____

2. Property Presently Zoned As _____

3. Existing Use of the lot _____

4. Description of Conditional Use _____

Supporting Information:

- (A) Attach a plan drawn to scale (indicating North) for the proposed use showing dimensions and shape of the lot, the size and locations of existing buildings, parking and loading areas, traffic access and circulation drives, open spaces, landscaping, utilities (including gas, electric, water and septic), signs, yards and refuse and service areas.
- (B) Attach a narrative statement relative to the above requirements and also explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other propertied in the area.
- (C) Provide a plat map (obtained from the County Tax Map office) and highlight property location. Map should contain at least main roads and cross roads for reference points.

I certify that the information contained in this application and its supplements is true and correct.

Date _____

Applicant Name – Print _____

Applicant Name – Signature _____

Date Received by Zoning Inspector _____

Zoning Inspector – Signature _____

Date Received by the BZA Secretary _____

BZA Secretary – Signature _____