

CONDITIONAL USE PERMIT APPLICATION
CITY OF GENEVA, OHIO
DEPARTMENT OF PLANNING AND ZONING

APPLICANT INFORMATION:

1 NAME OF APPLICANT: _____
2 MAILING ADDRESS: _____
3 BUSINESS PHONE: _____ 4 HOME PHONE _____

SITE INFORMATION:

5 SITE ADDRESS: _____
6 LOCATION DESCRIPTION _____
7 PERMANENT PARCEL # _____ 8 ZONING DISTRICT _____

PROPOSED USE AND CONDITIONS:

9 _____

SUPPORTING INFORMATION REQUIRED:

- 10 PRELIMINARY SITE PLAN 11 TRAFFIC ANALYSIS 12 DRAINAGE ANALYSIS
13 EVIDENCE OF FINANCIAL CAPABILITY 14 CONSTRUCTION SCHEDULE
15 OTHER INFORMATION AS DEEMED NECESSARY BY THE PLANNING COMMISSION

SUBMITTAL

The undersigned applicant hereby requests a conditional use permit on the basis of the representations herein. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguards required by the Board. If this use is discontinued for a period of more than twelve (12) months, this permit shall automatically expire.

APPLICANT SIGNATURE: _____ **DATE:** _____

17. FEE PAID \$100.00: _____

18. DATE FILED: _____

19. PUBLIC HEARING DATE: _____

20. DATE OF NOTICE TO PARTIES IN INTEREST: _____

21. DATE OF NOTICE TO NEWSPAPERS: _____

22. COMMISSION DECISION AND CONDITIONS: _____

DEPARTMENT OF PLANNING AND ZONING: _____ DATE: _____