



Concord Township,

Lake County, Ohio

7229 Ravenna Road
 Concord Township, OH 44077
 (440)354-7505 or 354-7506
 www.concordtwp.com

Conditional Use Permit Application

Application Number: _____

PROPERTY INFORMATION	Address	
	Parcel Number	Zoning District
	Description of Existing Use	

APPLICANT/OWNER	Applicant		
	Address	City	Zip
	Phone	Email	
	Property Owner (if different than applicant)		
	Address	City	Zip
	Phone	Email	

DESCRIPTION OF REQUEST AND APPLICABLE CODE SECTION(S)	

SUBMITTAL REQUIREMENTS	<p>One (1) completed original application form for a conditional use permit, fees and the following arranged into nine (9) packets shall be filed with the Zoning Office. Incomplete applications will not be accepted.</p> <ol style="list-style-type: none"> 1. Legal description of the property. 2. Plan for proposed use showing the location of building, parking and loading areas, traffic access and internal traffic circulation, open space, landscaping, utilities, signs, yards, refuse and services areas and any other information. 3. Narrative statement relative to the above and also explaining the economic, noise, glare, fumes, vibration, and odor effects on adjoining property, the general compatibility with adjacent and other properties in the district, and the relationship of the proposed use to the comprehensive plan. 4. A written statement providing evidence beyond a reasonable doubt of compliance with the specific provisions related to the Conditional Use Permit being applied for as set forth in Section 13.

The undersigned requests a conditional use permit for the use specified. Should this application be approved, it shall be valid only to the applicant to who this permit is issued and shall not be assigned or transferred unless it has been approved by the Zoning Inspector. This permit shall authorize the particular conditional use or the specific parcel of land described in this application for which it was approved and shall not be altered, expanded or modified in any respect except in accordance with the Conditional Use Permit approval procedures of the Concord Township Zoning Resolution. I hereby certify all the above statements, submitted information, and attached drawings to be factual and representative of the existing and proposed conditions of the property relative to this application.

APPLICANT (PRINTED NAME) _____ DATE _____

APPLICANT (SIGNATURE) _____

*****FOR OFFICIAL USE ONLY*****

DATE APPLICATION FILED _____	FEE PAID _____	CASH OR CHECK NO. _____
DATE OF NOTICE: NEWSPAPER _____	ADJACENT PROPERTY OWNERS _____	
DATE OF BOARD OF ZONING APPEALS HEARING _____	APPROVED	DISAPPROVED
IF APPROVED, THE FOLLOWING CONDITIONS AND SAFEGUARDS WERE PERSCRIBED:		
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
IF DENIED, REASONS FOR DENIAL:		
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
_____	_____	_____
BOARD OF ZONING APPEALS, CHAIRPERSON		DATE

THIS DOCUMENT, WHEN APPROVED BY THE ZONING INSPECTOR, BECOMES THE CONDITIONAL USE PERMIT.

CONCORD TOWNSHIP ZONING INSPECTOR _____ DATE _____