



Washington Township Development Services
8190 McEwen Road
Dayton, Ohio 45458
Voice 937-433-0796 Fax 937-438-2742
WWW.WASHINGTONTWP.ORG

CASE NUMBER _____

CONDITIONAL USE APPLICATION

To Washington Township Board of Zoning Appeals

APPLICATION. An application to the Board, in cases in which the Board has original jurisdiction under the provisions of the Zoning Resolution, may be taken by any property owner, including a lessee, or by a government officer, department commission, or board, or by a member of the Board. Such application shall be filed with the Zoning Inspector who shall transmit the same to the Board.

NAME _____

STREET _____

CITY & STATE _____

PHONE NUMBER _____ E-MAIL _____

CONDITIONAL USE AS FOLLOWS (*provide brief description of project requiring conditional use approval*):

DATA REQUIRED

Appellant or Applicant is _____

Subject property is identified as Parcel Identification Number _____. Property is located on the _____ side of _____, _____ feet _____ from the intersection of _____.

Plat _____ District _____

Book _____, Page _____, House # _____, Lot # _____

Acreage _____, Section _____, Town _____, Range _____.

State the Articles and Sections of the Zoning Resolution that requires this application to be heard by the Board of Zoning Appeals.

List any deed restrictions on subject property, which concern this appeal or applications:

If any previous appeal or application has been filed in connection with this property, state the date(s) and nature of the appeal or application:

E. How will the proposed use adversely affect the health, safety, security, morals or general welfare of the residents, visitors or workers in the area?

F. How will the proposed use, in conjunction with the existing development in the area and the development permitted under the existing zoning, overburden existing public services and facilities including schools, police, and fire protection, water, sanitary sewer, public roads, storm drainage and other public improvements?

Applicant Checklist

- Application for Zoning Certificate
- Review of application Township staff of application
- Statement of Facts
- 10 copies of the plot plan and elevations (if applicable) drawn to scale
- Map of the Area, including all lots within five hundred (500) feet or any part of the property involved and location and use of buildings thereon for the conditional use.
- Names and addresses of owners of lots on said map
- Any and all attachments
- Applicable filing fee as established by the Washington Township Trustees. Washington Township accepts Visa/Mastercard, cash or check. Please make checks payable to "Washington Township Trustees".
- Application signed and notarized by the property owner and agent(s) thereof.

I HEREBY DEPOSE AND SAY THAT ALL THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ALL EXHIBITS TRANSMITTED HERewith, ARE TRUE.

APPELLANT OR APPLICANT

Subscribed and sworn before me on the _____ day of _____, 2____.
My Commission expires _____, 2____.

Notary Public

IF THE APPELLANT OR APPLICANT IS DIFFERENT FROM THE PROPERTY OWNER, THE FOLLOWING **MUST** BE FILLED OUT AND NOTARIZED.

I _____, as property owner of the property(s) listed within this application, do allow, _____ to represent me in the filing of this application and is also permitted to represent myself and my interests before any Board or Commission of Washington Township which has governing authority over this application.

APPELLANT OR APPLICANT

Subscribed and sworn before me on the _____ day of _____, 2____.
My Commission expires _____, 2____.

Notary Public