

**APPLICATION FOR CONDITIONAL USE PERMIT
BOARD OF ZONING APPEALS**

Application No. _____ -A Filed _____

**BOARD OF ZONING APPEALS
PLAIN TOWNSHIP
2600 EASTON STREET NE
NORTH CANTON, OHIO 44721
330-492-4686**

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 any conditions or safeguards required by the Board. If this use is discontinued for a period of more than two (2) years, this permit shall automatically expire.

Applicant _____ Phone _____

Mailing Address _____

Owner of premises affected _____ Phone _____

Mailing Address of Owner _____

Location Description: Address _____

Subdivision Name _____ Lot No. _____
(If not in a platted subdivision, attach a legal description).

Zoning District _____ Map Section _____

Existing Use _____

Description of Conditional Use _____

QUESTIONNAIRE

1. Has any previous application or appeal been filed with the Board on these premises?

Yes _____ No _____. If yes, when? _____

2. How long has present owner held title to the property? _____

3. Is there a school, church, or hospital in the same street-block, or within 200 feet of the premises in question?

Yes _____ No _____

4. Has court summons been served relative to this matter? Yes _____ No _____

5. Is there any case pending in court involving the use of the premises or the ownership thereof?

Yes _____ No _____. If yes, explain. _____

6. Have you inquired of the secretary of the Board of Appeals whether there was any petition pending to change the use district regulations affecting the block on which these premises are located?

Yes _____ No _____ Is there a petition pending? Yes _____ No _____

7. If petition is pending, indicate nature of proposed change. _____

8. Are there any restrictions of record by deed or otherwise which would prevent the proposed use of the premises?

Yes _____ No _____. If so, what are they? _____

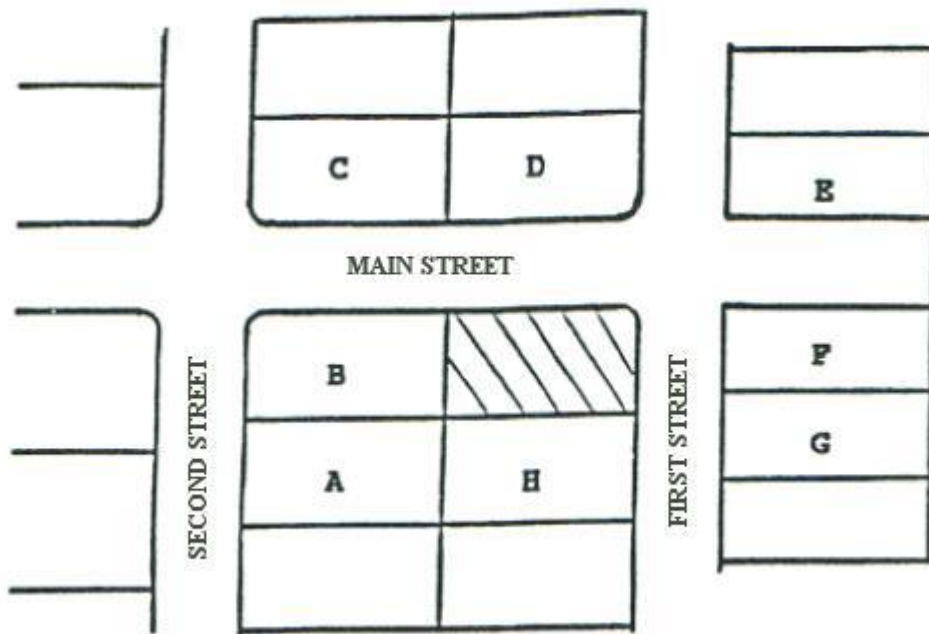
9. Are you to be represented by an attorney in this matter? Yes _____ No _____.

If yes, give name and address. _____

10. What is the approximate cost of the work involved by this application? _____

The area requested for Conditional Use must be marked on the tax map with diagonal lines, and must show properties adjoining and across the street there from, including any residents in bordering municipalities by marking A, B, C, etc. as shown on the accompanying diagram. The names and addresses of adjoining property owners must be listed on the application in the space provided in A, B, C order to correspond with letters shown on the tax map and on application of the Conditional Use request.

Example:*****



Note: This sketch may not reflect the exact configuration of your property or adjacent properties. It is intended to serve only as a guide to help determine which properties may be adjacent to yours for notification purposes. Do not use this sketch for your map that is required as a part of this application.

Please list all the individuals, firms, or corporations owning property adjacent to both sides and rear, and the property in front of (across the street from) the premises which are the subject of this request (Check tax records if not known). Add additional sheet if necessary.

Name	Address and Tax Mailing address if different
A.	_____
B.	_____
C.	_____
D.	_____
E.	_____
F.	_____
G.	_____
H.	_____
I.	_____
J.	_____

STATE OF OHIO
SS.
STARK COUNTY

I hereby depose and say that all of the above statements and the statements contained in the papers submitted herewith are true.

(Applicant to Sign Here)

Sworn to before me this _____ day of _____, 20_____, at _____.

Notary Public

AFFIDAVIT OF OWNERSHIP
(To be complete if applicant is not owner)

STATE OF OHIO
SS. _____ being duly sworn, deposes and STARK COUNTY

says he resides at _____ in the City of _____, in the County of _____, in the State of _____, that he is the owner in fee of all that certain lot, piece, or parcel of land situated, lying and being in the Township of Plain, Stark County, Ohio aforesaid and known and designated as _____ and that he hereby authorizes _____ to make the annexed application in his behalf and that the statements of fact contained in said application are true.

(Owner to sign here)

Sworn to before me this _____ day of _____, 20_____, at _____.

Notary Public