

VILLAGE OF SUGARCREEK
410 S. BROADWAY
SUGARCREEK, OHIO 44681
330-852-4112

PERMIT NO. _____

PERMIT FEE: _____

DATE RECEIVED: _____

CONDITIONAL USE PERMIT OR CHANGE OF USE APPLICATION

1. PROVIDE THE FOLLOWING INFORMATION FOR THE PROPOSED LOCATION OF USE:

LOCATION OF USE _____ ZONING DISTRICT _____

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S ADDRESS: _____

APPLICANT'S NAME: (If different than owner) _____

APPLICANT'S ADDRESS: (If different than owner) _____

2. DESCRIBE IN DETAIL THE PROPOSED CONDITIONAL USE OR CHANGE OF USE:

(use additional sheets as necessary or attach additional information which will assist the Planning Commission in understand the use.)

3. I, hereby apply for a conditional use permit or change of use as described above. A permit granted from the statements made on this application will become void if it is found that the statements are untrue.

SIGNATURE: _____ DATE: _____

FOR STAFF USE ONLY

DATE RECEIVED: _____ FEE: _____ PLANNING COMMISSION REVIEW DATE: _____

ACTION OF PLANNING COMMISSION: _____ COPY TO APPLICANT _____