

**PERKINS TOWNSHIP BOARD OF ZONING APPEALS
APPLICATION
CONDITIONAL USE PERMIT**

DATE FILED: _____ APPLICATION #: _____

APPLICANT: _____ PHONE #: _____

ADDRESS: _____

LANDOWNER: _____ PHONE #: _____

ADDRESS: _____

I hereby request a conditional use permit for the following premises:

ADDRESS: _____

ZONING CLASSIFICATION: _____ LOT #: _____

DESCRIPTION OF EXISTING USE: _____

DESCRIPTION OF PROPOSED CONDITIONAL USE: _____

Notice of this application has been filed with the Perkins Township Zoning Inspector.

SIGNATURE: _____ DATE: _____

APPLICANT

SIGNATURE: _____ DATE: _____

ZONING INSPECTOR

This application must be accompanied with:

1. Filing Fee of \$300.00
2. Legal description of the property
3. Names and addresses of all individuals, firms or corporations owning property adjacent to both sides, the rear and across the street from the premises which are the subject of the above request.
4. A plan of the proposed site for the conditional use showing the location of all buildings, parking and loading areas, streets and traffic accesses, open spaces, refuse and services areas, utilities, signs, yard, landscaping features and other information as the Board may require.
5. A narrative statement discussing the compatibility of the proposed use with the existing uses of adjacent properties and with the comprehensive plan, including an evaluation of the effects on adjoining properties of such elements as traffic circulation, noise, glare, odor, fumes and vibrations.
6. A narrative addressing each of the applicable criteria contained in Section 9.2 of the Perkins Township Zoning Resolution.