FEE: \$350.00 + certificate of mailing fees

PLAIN TOWNSHIP ZONING BOARD OF APPEALS INSTRUCTIONS FOR FILING CONDITIONAL USE PERMIT

In order to process your application as soon as possible after filing, the following requirements are detailed for your convenience:

- A. This application must be submitted by the first (1st) business day of the month.
- B. You must submit nine (9) copies and one (1) original of the entire application, including denial letter, any drawings, maps and the notary page.
- C. Description, location, use of land and request or reason for requesting conditional use must be clearly described in detail and in a legible manner on the application. (see page 3)
- D. The questionnaire page must be completed. (see page 4)
- E. Ten (10) copies of the map of the area involved must be submitted with the application. The parcel affected must be marked on the tax map with diagonal lines. (Maps and names may be obtained at the Stark County Auditor's Map Office located in the Stark County Office Building, 110 Central Plaza South, Suite 210, Canton, Ohio 44702). The owners name and tax mailing addresses of adjacent properties, including across the street must be listed on the application in the space provided.

 Both addresses must be included. (see page 5)
- F. Application must be <u>filled out completely</u>, typed or <u>legibly handwritten</u> and <u>notarized</u>. If the person filing the application is not the owner of the property, an affidavit of ownership must be signed and notarized along with a written letter from the owner giving the applicant permission to apply for the Conditional Use. (see page 6)
- G. If the applicant is a business and not an individual, please attach a letter on the business' letterhead stating the applicant's full business name, identifying the person signing for the applicant by name and title, and stating that said person is authorized to sign for the applicant.
 - If the owner is a business and not an individual, please attach a letter on the business' letterhead stating the owner's full business name, identifying the person signing for the owner by name and title, and stating that said person is authorized to sign for the owner.
- H. A \$350.00 filing fee plus certificate of mailing fees as indicated on the letter of denial shall accompany this application. Checks are to be made payable to the Plain Township Board of Trustees. (Please note that the filing fee does not include any permit fees associated with required permits if the Board grants approval of your conditional use.)
- I. After filing the application, you will be notified by certified mail of the date, time and place of the hearing. Your presence at the hearing is mandatory.

APPLICATION FOR CONDITIONAL USE PERMIT

Application No	Filed
_	ARD OF ZONING APPEALS PLAIN TOWNSHIP 600 EASTON STREET NE CANTON, OHIO 44721 330-492-4686
	Use Permit for the use specified below. Should this application be ly authorize that particular use described in this application and any e Board.
Applicant	Phone
Mailing Address	
	Phone
Address of Property Affected	
Subdivision Name	Lot Nosubdivision, attach a legal description)
Zoning District	Map Section

Existing Use _____

Conditional Use Requested _____

NARRATIVE PAGE

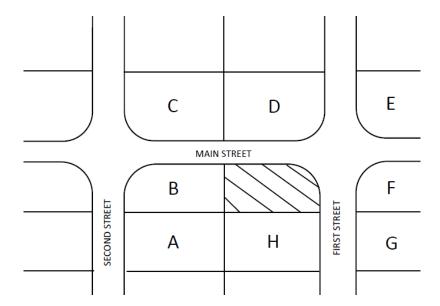
of how you ca	rovided below, p in or cannot me oplicable, please	et each of the	required condit	tions relating t	o your Condition	nal Use
						

QUESTIONNAIRE PAGE

1.	Has any previous Conditional Use application been filed with the Board on these premise		
	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.	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?		

ADJACENT PROPERTY OWNER PAGE

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 appeal. Add additional sheet if necessary.

Name	Address and Tax Mailing address if different		
A			
В		_	
C			
D			
E			
F			
G			
H			
l			
J			
L			
M.			

NOTARY PAGE

I hereby depose and sa are true.	ay that all of the statem	nents contained in the papers s	ubmitted herewith		
Applicant's Printed Name - Title		Applicant's Sigr	Applicant's Signature		
Sworn to before me this	day of	20	, by me said		
Applicant	·				
		Notary P	ublic		
	AFFIDAVIT OF (To be complete if ap	OWNERSHIP oplicant is not owner)			
(Owner's		ing duly sworn, deposes and sa	ays he/she resides at		
(address)		_in the County of	, in the State		
,	that he/she is the own	ner of the affected property loca	ted in the Township		
of Plain, Stark County, Ohio a	nd known as	(address or parcel)	and that		
he/she hereby authorizes	(Applicant's Name		application in his/her		
behalf and that the statements	s of fact contained in s	aid application are true.			
Owner's Printed Name - Title		Owner's	Owner's Signature		
Sworn to before me this	day of	20	, by me said		
Owner	·				
		Notary	Public		