

CONDITIONAL USE PERMIT APPLICATION

Please type or print

DOCKET #: _____
(to be assigned by Zoning Administrator)

A. Name of Applicant(s): _____
Business entity, names of Officers,
Directors; Shareholders or Members: _____

Mailing Address: _____

Daytime Telephone Number: _____ Cell _____

B. Name of Property Owner(s): _____

Mailing Address: _____

Daytime Telephone Number: _____ Cell _____

C. Location of Property: _____

D. Property Zoned: _____

E. Property Size: _____

F. Describe in detail the proposed Conditional Use (include hours of operation and maximum occupancy, if applicable): _____

G. Provision of the Zoning Ordinance requiring a Conditional Use Permit: _____

H. In addition to, or where other standards, criteria, and other items for consideration are not cited within the individual zoning district, the following shall be considered as standards for review and findings of fact in the record of each public hearing for the granting of a Conditional Use Permit:

REVIEW CRITERIA:

1. Granting the conditional use permit does not substantially conflict with the Comprehensive Plan and the purposes of this Ordinance;
2. Will be consistent with the "intent" statement for the district in which it is located;
3. Will be compatible with existing uses adjacent to and near the property;

4. Will not be hazardous, detrimental or disturbing to present surrounding land uses due to noise, glare, smoke, dust, odor, fumes, or other general nuisance;
5. Will not otherwise adversely affect the development of the general neighborhood or of the district in which the use is proposed;
6. Will be consistent with existing and planned pedestrian and vehicular circulation adjacent to and near the property;
7. Will have adequate water and sewer supply, storm water facilities, transportation facilities, waste disposal and other public services;
8. Will be developed in a way that will preserve and incorporate any important natural features of the site; and
9. Will conform to any specific criteria or conditions specified for that use elsewhere in the Zoning Ordinance.

FINDINGS OF FACT: The Board of Adjustments shall make the following findings prior to approval:

1. use is not detrimental to the public health, safety or welfare in the zone which it is proposed;
2. use will not contribute toward an overburdening of municipal services;
3. use will not result in increased traffic congestion, additional parking problems, substantial increase in population density, environmental problems, or constitute a nuisance; and
4. use is otherwise in agreement with the Zoning Ordinance of Warren County.

I. Supporting information (attach the following items to the application):

- A. A site plan shall be required as part of the application for a Conditional Use Permit.
- B. A boundary survey of the property to which the Conditional Use Permit will apply, containing the following information:
 - a) Owner(s) and applicant(s) names; b) Scale; c) Bearings and distances;
 - d) Locating distance to nearest road or railroad center line or right-of-way;
 - e) House number or property or intersecting street on each side;
 - f) North arrow; g) Right-of-way of road and pavement width;
 - h) Adjacent property, showing property lines; i) Names of adjacent property owner(s);
 - j) Acreage of property; k) Vicinity Map; l) Surveyor's stamp;
 - m) Location of all structures (dotted line to show any proposed building(s) or addition(s);
 - n) All parking layouts and driveways and travel ways;
 - o) Percentage of all lot coverage (includes all buildings, structures, patios, walk ways, parking and travel ways [*including gravel parking areas*]; and
 - p) Flood plain area(s) and FEMA Certification.
- C. Names and mailing address of all property owners within two hundred (200) feet of outer

boundary of property. *This information must be obtained from the Property Valuation Administrator's office.*

D. Fees as established by the Planning Commission.

Signature of Owner(s):

Signature of Applicant(s):
(If different from owner)

(please print name and title)

(please print name and title)

(please print name and title)

(please print name and title)

Note: Approved application filed in Warren County Clerk's office.
For Office Use Only:

Date Filed: _____ **Date of Public Hearing:** _____

Fee Paid: _____ **Recording Fee:** _____ **Survey Attached: Yes** _____ **No** _____

Decision of Board: _____

(a) Statement of factual determination which justifies issuance of the permit: _____

(b) Statement of specific conditions which must be satisfied for use to be permitted: _____

CHAIRMAN

ZONING ADMINISTRATOR