

**CP APPLICATION FOR
CONDITIONAL USE**

**CITY OF MT. HEALTHY
DEPARTMENT OF BUILDING & ZONING
7700 PERRY STREET
MT. HEALTHY, OHIO 45231
PHONE: (513) 728-3182 EXT. 145
FAX: (513) 728-3189**

1. APPLICANT:

NAME _____
FIRM _____
ADDRESS _____
CITY _____
STATE/ZIP _____
TELEPHONE _____

2. CORRESPONDENCE DIRECTED TO:

NAME _____
FIRM _____
ADDRESS _____
CITY _____
STATE/ZIP _____
TELEPHONE _____

4. A legal description of the property, signed by a Registered Engineer or Surveyor.

3. OWNER:

NAME _____
ADDRESS _____
CITY _____
STATE/ZIP _____
TELEPHONE _____

4. PROPOSED CONDITIONAL USE

5. LOCATION OF PROPERTY:

LOT NO. _____ OF _____ SUBDIVISION, BLOCK _____,
ON THE N S E W OF _____ APPROX. _____ FT. N S E W
OF _____.

**6. IF THE APPLICANT IS NOT THE OWNER, DESCRIBE THE NATURE OF
APPLICANT'S INTEREST IN THE PROPERTY.** _____

7. CAREFULLY READ THE FOLLOWING, SIGN AND DATE BELOW:

I CERTIFY THAT THE INFORMATION AND STATEMENTS GIVEN
ON THIS APPLICATION AND ATTACHED DRAWING(S) AND/OR
SPECIFICATIONS ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND
CORRECT.

APPLICATION BY:

_____ SIGNATURE _____ TITLE / DATE _____

SUBMISSION REQUIREMENTS:

1. A site plan and other drawings to scale, showing existing and proposed use of the site, all pertinent natural and manmade features, and adjacent land use and buildings.

2. A list of names and mailing addresses of all owners of property within 300 feet of any part of the property in question.
3. A letter requesting a variance and providing the following:
 - a. A statement of need for the proposed variance, its locations and magnitude.
 - b. A summary report identifying and evaluating the consequences and effects of the proposed variance on the surrounding properties and the neighborhood at large.
 - c. A statement indicating how the negative effects, if any, of the proposed variance will be mitigated.

List the names and addresses of the applicant and all property owners as found in the Real Estate Department of the Hamilton County Auditor’s Office and all adjoining properties and properties directly across any adjacent street or right-of-way within 300 feet.

AUDITOR’S PARCEL NO.			PROPERTY STREET ADDRESS	Owners of record as found in the Real Estate Department of Hamilton County Auditor’s Office	
BOOK	PAGE	PARCEL		Property owner’s name	Property owner’s mailing address
Application Information →					
Owner if different from applicant →					

Applicant must certify the following statement
 I certify that the above names and addresses are those of the applicant and owners of all
 Abutting properties and all properties within 300 feet of the parcel in question as found
 In the Hamilton County Auditor’s Office. APPLICANTS SIGNATURE _____ DATE _____