



NON-CONFORMING USE PERMIT APPLICATION: CHAPTER #1181

Application Number: _____ Date: ____/____/____

FEES:

Number of Certified Letters to contiguous property owners: ____@ \$8.53 Total: \$_____

Newspaper advertising for two weeks: Fee: \$_____

Base Fee Single Family Residence: \$600

Base Fee All Other Uses: \$600

Total Fee Amount: _\$_____ Paid by: Check #_____ / Cash: _\$_____

Applicant: _____ Phone:_(____)_____-_____

Mailing Address: _____ City: _____ State:____ Zip:_____

E-mail Address: _____

Address of Property for Permit: _____ Johnstown, OH.

Business Name if Applicable: _____

Legal Description of the Property: _____

Description of Present or Proposed Non-Conforming Use: _____

Zoning District: _____

Attach a statement of the relationship of the proposed non-conforming use to adjacent land use in terms of general compatibility.

1. Attach a list of property owner's names and addresses contiguous to and directly across the streets(s) from the property for which the non-conforming use is proposed or desired to be continued.
2. Attach a plan for non-conforming use showing such information as the Planning and Zoning Commission may need to determine if the non-conforming use, meets the intent requirements of the Zoning Ordinance.
3. Any information the Planning and Zoning Commission may request to evaluate for a non-conforming use permit.
4. A statement of the relationship of the proposed nonconforming use to adjacent land use in terms of general compatibility.
5. What is the length, duration or time for which such non-conforming use has existed:

*The undersigned is applying for Non-Conforming Use Permit to be issued based on information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct and agrees to follow all applicable regulations, refer to **Ordinance #1181**.*

Applicant's Signature: _____ Date: ____/____/____

OFFICE USE ONLY:

Date Received in Office: ____/____/____ By: _____

Planning and Zoning Commissioners Hearing Date: ____/____/____

Permit was Approved issued on date: ____/____/____

Permit was Denied on date: ____/____/____

Commission Chairperson Signature:

X _____ Date: ____/____/____

Additional Comments or Requirements: _____
