

PLANNING, ZONING & ECONOMIC DEVELOPMENT DEPARTMENT

9184 State Route 43, Streetsboro, OH 44241 (330) 626-4942 Ext. 127 Fax (330) 626-4035

CONDITIONAL USE PERMIT

Date: _____

*Project Address Parcel # Zoning District

Applicant Name Applicant Address Phone # Fax #

Company Name Company Address Phone # Fax #

Property Owner Property Owner Address Phone # Fax #

Name of Agent or Attorney (if applicable) Address Phone # Fax#

Explanation/Nature of Conditional Use: _____

Code Section: _____

Application Requirements:

_____ **\$250.00** plus cost of notices (notice cost billed separately)

_____ **Twenty One (21)** copies of the site plan ((6) full size and (15) 11x17 size is preferred) are required with all related materials and fees paid before you will be placed on an agenda and meet with the Planning Commission.

*Please include copy of deed for subject property with application.

I recognize it is my responsibility to submit a complete application and my failure to do so could subject this application to not being submitted for consideration by the Commission.

Applicant Signature Date

Property Owner Signature Date

Agent or Attorney Signature (include notarized statement) Date

All application fees are accepted in cash or by check payable to the City of Streetsboro.

All Fees are non-refundable (per Code Section 149.01)

Rev Fee 04-28-05 Ord. 2005-47

(Staff use only)

Date Received _____

Fee Paid _____

Receipt No. _____

Planning Commission Meeting Date _____

Approved Y N _____