

BEFORE THE PLANNING COMMISSION OF THE CITY OF ONTARIO, OHIO
APPLICATION FOR A CONDITIONAL ZONING PERMIT

NAME: _____

DATE: _____

ADDRESS: _____

FEE: _____

PERMIT #: CZ- _____

THE UNDERSIGNED REQUESTS A CONDITIONAL ZONING PERMIT FOR PROPERTY LOCATED AT

_____ AND ZONED _____

DISTRICT, FOR THE FOLLOWING USE: _____

Note: Per code, the City shall give notice by first-class mail stating the time, place, date, and purpose of the review meeting to all owners of property contiguous to, and across the street from the parcel(s) involved.

APPLICANT

CONDITIONAL ZONING PERMIT

A CONDITIONAL ZONING PERMIT IS HEREBY GRANTED IN ACCORDANCE WITH THIS APPLICATION AND SUBJECT TO THE FOLLOWING CONDITIONS ESTABLISHED BY THIS PLANNING COMMISSION AND APPROVED BY COUNCIL UNDER SECTION 1137.01:

DATE

ZONING INSPECTOR