

JACKSON TOWNSHIP ZONING DEPARTMENT

49 E. Walnut Street, Farmersville OH 45325

(937) 696-3010 Fax (937) 696-4402

Website: www.jtwpmc.com

APPLICATION FOR CONDITIONAL USE

PLEASE NOTE: ZONING FEES ARE NON-REFUNDABLE

**FEE \$400.00 for 1st Lot, then \$100.00 for each additional lot
PAYABLE TO JACKSON TOWNSHIP**

FOR JTBZA USE ONLY	CASE NO. _____	FEE RECEIPT NO. _____
_____ TEMP. _____ PERM.	DATE FILED _____	RECEIIVED BY _____

Applicant name: _____

Address: _____

Being the owner(s) or lessee(s) (or having an interest in) land located at: _____

hereby makes application for a conditional use certificate according to the following:

A. DESCRIPTION OF PROPERTY AND INTENDED USE

1) A description sufficient to identify the property including a reference of the volume and page of the last recorded deed (include 1 copy of the recorded deed).

2) The proposed use of the property.

3) A statement of the necessity or desirability of the proposed use to the neighborhood or community.

- 4) A statement of the compatibility of the proposed use to adjacent property and land use.

- 5) Such other information regarding the property, proposed use, or surrounding area as may be pertinent to the application or required for appropriate action by the Board of Zoning Appeals.

- 6) If this application is for a lot split, please answer the following:
 - A. How has the entire parcel been used in the past and for what period of time?

 - B. Will the remainder of the parcel continue to be used as it has been in the past?

 - C. Where will the proposed new lot ingress and egress (driveway placement)?

B PLOT PLAN

The application shall be accompanied by six (6) copies of plot plan, drawn to an appropriate scale, clearly showing the following:

- 1) The boundaries and dimensions of the lot.
- 2) The size and location of existing and proposed structures, labeled accordingly.
- 3) The proposed use of all parts of the lot and structures, including access ways, walks, off street parking, loading spaces, and landscaping.
- 4) The relationship of the proposed development to the development standards in the existing Zoning District. (Compare posed use to the other area land uses.)
- 5) The use of land and location of structures on adjacent property.
- 6) The location and size of proposed and/or existing septic system including leach fields.
- 7) The location of any proposed and/or existing wells.

C SURROUNDING PROPERTY OWNERS

The application shall be accompanied by a list of surrounding property owners within 300 feet of entire subject property. This list can be obtained at the Montgomery County Administration building at 451 W. Third Street, Dayton, OH (The auditor's office-3rd floor)

AFFIDAVIT

Before completing this application and executing the following affidavit, it is recommended that this application be discussed with the Jackson Township Zoning Administrator who can be reached at (937) 696-3010.

APPICANTS AFFIDAVIT

**STATE OF OHIO
COUNTY OF MONTGOMERY**

I (WE) _____

Certify that the foregoing statements herein contained and attached, and information or attached exhibits herewith supported are in all respects true and correct to the best of my/our knowledge and belief.

(signature)

(signature)

(mailing address)

(phone)

Subscribed and sworn before me this _____ day of _____ 200__.

(Notary Public)

Person to contact for details, if other than above signatory:

(Name) (Address) (Phone)