



Village of Roaming Shores

2500 Hayford Road
P.O. Box 237
Roaming Shores, Ohio 44084

440-563-3132, Administrator: 440-563-5083, Fax: 440-563-5912
roamingshoresOH.gov

Application for a Conditional Use

Permit # _____

Name of Applicant(s) _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone: Home _____ Business _____ Fax _____

E-mail address _____

Address of proposed permit request _____

1. DESCRIPTION OF PROPERTY

Include (1) a vicinity map drawn to scale showing property lines, thoroughfares, existing and proposed uses; (2) a plot plan drawn to scale showing dimensions, size and location of buildings, parking and loading areas, streets and traffic accesses, open spaces, refuse and service areas, utilities, signs, yards, landscaping features, etc. of the proposed conditional use.

2. DESCRIPTION OF PROPOSED CONDITIONAL USE

List (1) the description of the existing use and zoning district of the property; (2) a description of the proposed conditional use of the property; and (3) a narrative statement discussing the compatibility of the proposed use with the existing uses of the adjacent properties and an (4) evaluation of the effects on adjoining properties.

3. ADJACENT PROPERTY

Include a list of all property owners and their mailing addresses of within five hundred (500) feet of the property in question.

4. PROPERTY VALIDATION

Include (1) a legal description of the property; (2) proof of ownership and; (3) if property is located within the Roaming Rock Shores Subdivision, proof of membership in good standing in the Rome Rock Association.

5. STANDARDS

Address in narrative form each of the "General Standards for All Conditional Uses" as given in Section 520 of the Zoning Ordinance.

I/we certify the information contained in this application and its supplements is true and correct and authorize all BZA members access to the premise in question to perform any duties imposed upon them and may visit the property, but are not permitted to discuss the facts of the application with anyone prior to the public hearing.

Date _____ Applicant(s) _____

Received by _____ Date _____

A fee, as established by ordinance, must accompany this application.

Approved or Rejected by BZA members: 1. _____
2. _____ 3. _____
4. _____ 5. _____