

BZA-1 (Application)  
(To be filed by applicant)

Board of Appeals Case No. \_\_\_\_\_  
Filed: \_\_\_\_\_

**DELAWARE COUNTY ZONING REGULATIONS**

1610 State Route 521  
PO Box 8006  
DELAWARE, OHIO 43015  
740 833-2200

**APPLICATION FOR CONDITIONAL USE  
DELAWARE COUNTY BOARD OF ZONING APPEALS**

NOTE: This application must be filed in duplicate with the Zoning Inspector who will transmit one copy to the Board of Appeals and application fee Conditional Use \$350.

SECTION 31.07 - The owner or lessee of any land or building within a zoning district within the areas under County Zoning may apply to the Board of Zoning Appeals for authority to carry out any use designated as a Conditional Use within that district.

The applicant must file herewith an explicit statement setting forth:

SECTION 31.07 D - General Standards - before approving any conditional use, the Board of Zoning Appeals shall review the particular facts and circumstances of each application and the proposed use in terms of the following standards and shall find probative evidence that the use as proposed conforms with all of the following:

- 1.) Is in fact a conditional use and authorized within the existing zoning district pursuant to provisions of the Zoning Resolution;
- 2.) The use is of such nature and will be designed, constructed, operated, and maintained so as to be harmonious and appropriate in appearance with the existing or intended character of the general vicinity and that the use will not change the essential character of the same area;
- 3.) Will not pose a discernible hazard to existing adjacent uses;
- 4.) Will be served adequately by essential public facilities and services such as highways, streets, police and fire protection, drainage structures, refuse disposal, water and sewer, and schools;
- 5.) Will not involve uses, activities, processes, materials, equipment and conditions of operation that will be detrimental to any persons, property or the general welfare by reason of excessive production of traffic, noise, smoke, dust, vibration, fumes, glare, lighting or odors;
- 6.) The use will be consistent with the objectives of this Zoning Resolution and the Comprehensive Plan.

Name of Owner: \_\_\_\_\_ Signature (required): \_\_\_\_\_

Telephone-Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone-Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Township: \_\_\_\_\_

Range: \_\_\_\_\_ Twp: \_\_\_\_\_ Section: \_\_\_\_\_ Farm Lot#: \_\_\_\_\_