



6701 GREENWICH ROAD
P. O. BOX 750
WESTFIELD CENTER, OH 44251
330-887-5151

APPLICATION FOR CONDITIONAL ZONING CERTIFICATE

APPLICANT TO COMPLETE THIS SECTION

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S TELEPHONE NUMBER(S): _____

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S MAILING ADDRESS: _____

PROPERTY OWNER'S TELEPHONE NUMBER: _____

PARCEL NUMBER: _____ PARCEL ADDRESS: _____

_____ ZONING DISTRICT WHERE PROPERTY IS LOCATED: _____

CONDITIONAL USE BEING APPLIED FOR: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

PLEASE ATTACH SEVEN (7) COPIES OF THE FOLLOWING TO THIS APPLICATION: 1) SITE PLAN, PLOT PLAN OR DEVELOPMENT PLAN OF THE ENTIRE PROPERTY BEING CONSIDERED, DRAWN TO A REASONABLE SCALE AND SHOWING THE LOCATION OF ALL ABUTTING STREETS, THE LOCATION OF ALL EXISTING AND PROPOSED STRUCTURES, THE TYPES OF BUILDINGS AND THEIR USES. 2) COMPLETE PLANS AND SPECIFICATIONS FOR ALL PROPOSED DEVELOPMENT AND CONSTRUCTION. 3) A STATEMENT SUPPORTED BY SUBSTANTIATING EVIDENCE REGARDING THE REQUIREMENTS ENUMERATED IN SECTION 1274.03 (GENERAL STANDARDS & SPECIFIC STANDARDS).



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www.villageofwestfieldcenter.com

CONDITIONAL ZONING CERTIFICATE

PROPERTY LOCATION:

PARCEL NUMBER: _____

PARCEL ADDRESS: _____

ZONING DISTRICT: _____

PROPERTY OWNER: _____

PROPERTY OWNER MAILING ADDRESS AND TELEPHONE NUMBER:

APPLICANT (IF DIFFERENT THAN PROPERTY OWNER): _____

APPLICANT MAILING ADDRESS AND TELEPHONE NUMBER: _____

CONDITIONAL USE APPROVED: _____

DATE APPROVED: _____

TERM OF CONDITIONAL USE: _____

APPROVED:

ZONING INSPECTOR

DATE

PERMIT EXPIRES: _____

OFFICE USED ONLY

VERIFICATION OF RECEIPT OF FEES

FEE	DATE PAID	PAYMENT METHOD	PAY-IN NUMBER