

KINGSTON TOWNSHIP DELAWARE COUNTY, OHIO

BOARD OF ZONING APPEALS APPLICATION FOR CONDITIONAL USE PERMIT

All applications must be submitted to the Zoning Office, 9899 St. Rt. 521, Sunbury, Ohio 43074, with a \$300.00 filing fee plus \$100 per acre if the Conditional Use is for land. The Application shall be accompanied by the following information and arranged into 10 complete packets:

- _____ Typewritten or neatly printed application filled out completely;
- _____ Specified fee;
- _____ A list of all names and addresses of property owners, according to the Delaware County Auditor's Current Tax List, that are within, contiguous to, and across the street or easement from the premises in question, within 500' of the property line;
- _____ A set of stamped and addressed envelopes for all the names on the above-mentioned list;
- _____ A plot plan drawn to scale of the subject property showing the actual shape and dimension of the lot; buildings and accessory buildings existing; the existing and intended use of each building or part of a building; proposed location of the structure or change; and such other information with regard to the lot and neighboring lots as may be necessary to determine and provide the proper hearing for the application; and,
- _____ Other pertinent supporting information to substantiate the Conditional Use or Special Exception:
 - Attach a plan for the proposed use showing the location of building, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards, refuse and service areas.
 - Attach a narrative statement relative to the above requirements and also explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.

The undersigned requests a conditional use permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in the application and any conditions or safeguards required by the Board. If this use is discontinued for a period of more than six (6) months, this permit shall automatically expire.

It must be clearly understood that such Conditionally Permitted Use Permit does not run with the land, building, or other structure, but rather with your ownership only. Should such lot parcel be conveyed or transferred, any previously granted Conditionally Permitted Use Permit shall be automatically void and any subsequent owner shall be required to reapply for a continuation and/or modification of such use to the Board. **You are advised that this fact should be disclosed in any form of real estate purchase contract executed.**

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Name of Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Name of Lessee: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Legal Description: Subdivision Name: _____ Lot Number _____

Range: _____ Section: _____ Farm Lot: _____
(If not in a platted subdivision, attach a legal description)

Existing Use: _____

Zoning District: _____

Description of Conditional Use: _____

Please attach description if additional space is needed

Section of Zoning Resolution that permits Conditional Use: _____

Attach a narrative demonstrating that the requested Conditional Use conforms to the following standards:

1. Is in fact a conditional use and authorized within the existing zoning district pursuant to provisions of the zoning resolution;
2. Will be harmonious with and in accordance with the general objectives and/or with any specific objective of the county comprehensive plan, the zoning resolution and the zoning district in which it is located;
3. Will be designed, constructed, operated, (including periods of operation) 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 area in which it is to be located;
4. Will be served adequately by essential public facilities and services such as highways, streets, or roadways, police and fire protection, drainage structures, refuse disposal, water and sewer, and schools; or that the persons or agencies responsible for the establishment of the proposed use shall be able to provide adequately any such services;
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 production of traffic, noise, smoke, dust, lights, vibration, fumes or odors;
6. Will not cause substantial injury to the value of other property in the immediate vicinity and or neighborhood;
7. The use will not result in the destruction, loss or damage of natural, scenic or historic features of major importance;
8. The use is of such design, is located and proposed to be operated so that the public health, safety, welfare and convenience will be protected.

In the event the Board of Zoning Appeals approves the conditional use permit, it shall impose such reasonable conditions as it deems necessary to address each of the following factors to ensure that the use will be conducted in the best interests of the zoning district:

1. Traffic
2. Parking
3. Noise
4. Smoke, fumes and/or odors
5. Dust
6. External lighting not offensive to the neighborhood
7. Vibration
8. The preservation of natural, scenic or historic features of any major importance
9. Utilities.

IT IS RECOMMENDED THAT APPLICANTS OBTAIN THE

KINGSTON TOWNSHIP ZONING CODE PRIOR TO MAKING APPLICATION

THE COMPLETE ZONING RESOLUTION (CODE) IS AVAILABLE FOR REVIEW OR PURCHASE (\$25.00) AT THE ZONING OFFICE; IT CAN BE EXAMINED AT THE SUNBURY COMMUNITY LIBRARY; AND IT CAN BE REVIEWED ON-LINE VIA THE DELAWARE COUNTY REGIONAL PLANNING WEBISTE www.dcrpc.org OR THE KINGSTON TOWNSHIP WEBSITE www.kingstontwp.org

ALL SUBMISSIONS MUST BE TURNED IN 21 DAYS PRIOR TO THE HEARING IN ORDER TO BE PLACED ON THE ZONING COMMISSION MEETING AGENDA

The undersigned certifies that this application and the attachments thereto contain all information required by the Zoning Resolution and that all information contained herein is true and accurate and is submitted to request issuance of a Conditional Use Permit. Applicant agrees to be bound by the provisions of the Zoning Resolution of Kingston Township, Delaware, County, Ohio.

Date: _____ Signature: _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

For Office Use Only

Date Filed: _____ Fee Paid: _____ Date Notice Mailed: _____

Date of Board of Zoning Appeals Hearing _____ Date of Decision _____

Recommendation: Approved _____ Denied _____

Vote: Aye _____ Nay _____ Abstain _____