

CITY OF OREGON, OHIO - BUILDING AND ZONING INSPECTION DEPARTMENT
5330 SEAMAN ROAD, OREGON, OH 43616 / PHONE (419) 698-7071 / FAX 691-6303

DATE: _____

Case No: _____
Receipt No: _____
Fee Due: \$300.00

Application of Conditional Use Permit

TO: The Oregon Board of Zoning Appeals
The Oregon Planning Commission

I or we, the undersigned, owner(s) of the following described property, do hereby request your Honorable Body to consider special conditions of the zoning classification for said property listed below:

LEGAL DESCRIPTION

PARCEL NO: _____

Frontage: _____ Depth: _____ Area: _____

Street Address of Property: _____

Conditional Use Classification Requested

Existing: _____ to Proposed: _____

Owner's Signature(s) Address:

Phone: _____ Email: _____

Planning Commission Recommendation

After a public hearing as required by law, it is the determination of the Oregon Planning Commission that this application be _____
(granted - denied)

Voted: Yeas: _____ Nays: _____ Date: _____

Condition(s), if any: _____

PERMITS ARE NOT TRANSFERABLE OR REFUNDABLE