



The Village of Doylestown
Zoning Department
24 South Portage Street
Doylestown OH 44230



A VILLAGE WITH VALUES

A TOWN OF TRADITIONS

APPLICATION FOR CONDITIONAL USE PERMIT

Application Number: _____ Date Received: _____

Applicant's Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Location of Property _____

Permanent Parcel Numbers: _____

Present Zoning: _____

Conditional use Requested: _____

Justification for Request: _____

NOTE: This application must be accompanied by two (2) copies of a site plan drawing showing the dimensions and boundaries of the property, the size and location of all existing and proposed buildings, the distances between buildings, the distances from buildings to lot line. If requested the applicant shall provide to the Zoning Inspector a list of names and addresses of all adjacent property owners. A non-refundable check in the amount of \$500.00 is required at time of application.

This permit will become void in (one) 1 year if construction isn't started or use established.

The undersigned hereby certifies that all of the information contained in this application and the accompanying drawing are true and correct.

Date: _____ Signature: _____

Approved: Date _____ Signature: _____