



# Board of Zoning Appeals – Conditional Use Application

Case #: \_\_\_\_\_ Fee: \$ 200  Paid

The City of Urbana | Department of Zoning and Compliance  
205 South Main Street, Urbana, Ohio 43078 | ZoningandCompliance@ci.urbana.oh.us | (937) 652-4322 | www.urbanaohio.com

## Applicant Information

Full Name: \_\_\_\_\_ Property:  Owner  Tenant  Agent

Address: \_\_\_\_\_  
(street address) (city) (state) (zip code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Property Information

Property Address: \_\_\_\_\_  
(street address) (city) (state) (zip code)

Parcel ID: \_\_\_\_\_ Current Zoning District: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Overlay District: \_\_\_\_\_ Current Use: \_\_\_\_\_

## Project/Proposal General Information

Conditional Use Pursuant to Chapter: \_\_\_\_\_

Description of Conditional Use: \_\_\_\_\_

Request by Applicant: \_\_\_\_\_

## Findings of Fact

The Board of Zoning Appeals shall review the particular facts and circumstances of each proposed use in terms of all the following standards and shall find adequate evidence showing that the use at the proposed location

**IS IN FACT A CONDITIONAL USE AS ESTABLISHED UNDER THE PROVISIONS OF CHAPTERS 1120 – 1126 AND APPEARS ON THE OFFICIAL SCHEDULE OF DISTRICT REGULATIONS FOR THE ZONING DISTRICT INVOLVED.**

**WILL BE HARMONIOUS WITH AND IN ACCORDANCE WITH THE GENERAL OBJECTIVES, OR WITH ANY SPECIFIC OBJECTIVE OF THE CITY'S COMPREHENSIVE PLAN AND/OR THIS PART.**

**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.**

**WILL NOT BE HAZARDOUS OR DISTURBING TO EXISTING OR FUTURE NEIGHBORING USES.**

**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; OR THAT THE PERSONS OR AGENCIES RESPONSIBLE FOR THE ESTABLISHMENT OF THE PROPOSED USE SHALL BE ABLE TO PROVIDE ADEQUATELY ANY SUCH SERVICES.**

**WILL NOT CREATE EXCESSIVE ADDITIONAL REQUIREMENTS AT PUBLIC COST FOR PUBLIC FACILITIES AND SERVICES AND WILL NOT BE DETRIMENTAL TO THE ECONOMIC WELFARE OF THE COMMUNITY.**

**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, FUMES OR ODORS.**

**WILL HAVE VEHICULAR APPROACHES TO THE PROPERTY WHICH SHALL BE SO DESIGNED AS NOT TO CREATE AN INTERFERENCE WITH TRAFFIC ON SURROUNDING PUBLIC THOROUGHFARES.**

### **Applicant Affidavit**

I certify that I have the authority to file this application, have read the application in its entirety, and that all information and attachments are true and correct to the best of my knowledge. I understand that submittal of an application does not constitute acceptance for processing until the Planning & Zoning Department reviews that application for accuracy and completeness.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Board of Zoning Appeals Supplemental Information



## Application Checklist

Review and complete the applicant column prior to application submittal.

Applicant	Meeting Date	Staff
<input type="checkbox"/>	One (1) completed and signed application	<input type="checkbox"/>
<input type="checkbox"/>	One (1) copy of the property's legal deed and description	<input type="checkbox"/>
<input type="checkbox"/>	\$200 Application Fee	<input type="checkbox"/>
<input type="checkbox"/>	One (1) copy of the site plan with accurate dimensions of the property, existing buildings, proposed buildings, setback distances from lot lines, parking spaces and adjacent public right-of-way, the location of all vehicular access points, the location and number of off-street parking spaces, proposed or existing signage, and/or any other applicable information as required by the Zoning Department.	<input type="checkbox"/>
<input type="checkbox"/>	One (1) copy of the property card (can be obtained from the Champaign County Auditor's website)	<input type="checkbox"/>
N/A	Floodplain Firmette	<input type="checkbox"/>
N/A	Zoning Map clearly indicating the property's zoning classification	<input type="checkbox"/>
N/A	Applicable Code Section	<input type="checkbox"/>
N/A	Mailing labels with the names and tax mailing addresses of all property owners located within 200 feet of the subject property.	<input type="checkbox"/>