



APPLICATION FOR CONDITIONAL USE PERMIT

For Office Use Only

Fee: **\$250.00** Receipt #: _____ Date Received: _____ Hearing Date: _____

Application Date: _____

Type of Conditional Use Requested: _____

Address of Proposed Conditional Use: _____

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # (____) _____ Cell # (____) _____ Fax # (____) _____ Email: _____

Name of Property Owner(s) (if other than applicant): _____

Address: _____ City: _____ State: _____ Zip: _____

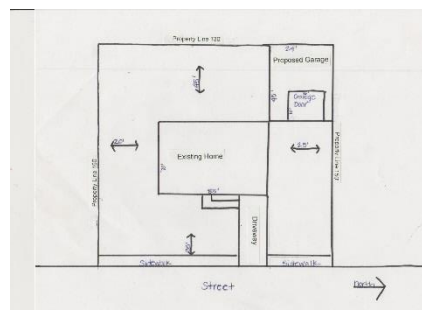
Zoning District: MSC RM6 MR6S HSC MR15

(Circle One)

Application Requirements

- Completed CUP Application Form
- Signed & Notarized Affidavit Form
- Application Filing Fee \$250.00
- Written response to questions
- A list of all property owners located within 300 feet of exterior boundaries of the subject property. Contact Beaver County Recorder's Office at 435-438-6484 for a list of property owners.
- Plot Plan drawn to scale including the following:
 - Minimum paper size of 8 ½ X 11
 - Property boundaries and dimensions
 - Existing and proposed buildings, parking, landscaping and signs.
 - North Arrow

Sample Plot Plan →



If you feel additional information is needed such as photographs or further written response, please attach them to the application.

Please respond to the following questions:

1. What is the present use of the property (manufacturing, residential, commercial)?

2. What is the proposed use? Be specific as to type, hours of operation, number of employees, special issues or considerations, etc.

3. How will the proposed use "fit-in" with surrounding uses?

4. What type of service will it provide to Milford City?

5. Is the proposed use consistent with the current zoning and land use designation? Please explain

6. Is the proposed use similar or compatible with other uses in the same area? Please explain

7. Is the proposed use suitable for the proposed site? Please explain

8. Will the proposed use emit noise, glare, dust, pollutants, odor? Please explain

9. What will be the hours of operation and how many people will be employed?

*****Milford City may require additional information or plans*****

General Conditional Use Permit Requirements & Guidelines

Please be as detailed as possible when filling out this application. Incomplete or inadequate information may result in your case being delayed or denied. The commission cannot grant a CUP simply because an applicant has requested it. The burden of proof rests upon you as the applicant to show that all of the conditions justifying a CUP have been met. If you fail to support your request, the commission should not approve your application.

The Milford City Planning and Zoning Commission may grant a conditional use permit only if all of the following apply:

- 1. That the proposed location of the conditional use is in accord with the objectives of this title and purpose of the district in which the site is located.*
- 2. That the proposed location of the conditional use and the conditions under which it would be operated or maintained will not be detrimental to the public health, safety or welfare, or be materially injurious to properties or improvements in the vicinity.*
- 3. That the proposed conditional use will comply with each of the applicable provisions of this title, except for approved variances or adjustments.*
- 4. That the proposed conditional use complies with the goals, objectives and policies of Milford City General Plan.*

PROPERTY OWNER AFFIDAVIT

STATE OF _____
 §
COUNTY OF _____

I (we), _____, being duly sworn, depose and say that I (we) am (are) the owners(s) of the property identified in the attached application and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge. I also acknowledge that I (we) have received written instruction regarding the process for which I (we) am (are) applying and the Milford City Staff have indicated they are available to assist me in making this application.

DATED this _____ day of _____, 20____.

Property Owner Signature

Property Owner Signature

Subscribed and sworn/affirmed to before me this ____ day of _____, 20____.

Notary Public

My Commission Expires: _____

AGENT AUTHORIZATION AFFIDAVIT

STATE OF _____
 §
COUNTY OF _____

I (we), _____, the owner(s) of the real property described in the attached application, do authorize as my (our) agent(s), _____, to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the City considering this application and to act in all respect as our agent in matters pertaining to the attached application.

DATED this _____ day of _____, 20____.

Property Owner Signature

Property Owner Signature

Subscribed and sworn/affirmed to before me this ____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Procedures for Determination of Application Completeness

