

TOWNSHIP, CRAWFORD COUNTY, OHIO

APPLICATION FOR A CONDITIONAL ZONING PERMIT  
(File in Duplicate)

APPLICATION NO. \_\_\_\_\_

THIS APPLICATION, WHEN PROPERLY APPROVED, SHALL CONSTITUTE A CONDITIONAL ZONING PERMIT.

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

LOCATION OF LAND FOR WHICH CONDITIONAL PERMIT IS SOUGHT \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_

SECTION OF RESOLUTION INVOLVED \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature

- ATTACH A SITE PLAN SHOWING:**
- BOUNDARIES OF PROPERTY
- ABUTTING STREETS OR ROADS
- EXISTING STRUCTURES
- PROPOSED STRUCTURES

**ACTION OF THE BOARD OF ZONING APPEALS**

CONDITIONAL ZONING PERMIT GRANTED / DENIED

CONDITIONS (IF ANY) UPON WHICH PERMIT IS GRANTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Chairman, Board of Zoning Appeals, Polk Township

**THE APPLICANT AGREES THAT IF THIS PERMIT APPLICATION IS APPROVED, THAT THE APPLICANT WILL PROVIDE ADEQUATE TEMPORARY SANITATION FACILITIES AT THE CONSTRUCTION SITE FOR THE USE OF WORKERS DURING THE CONSTRUCTION PHASE.**