



**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 \$300.00 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: \_\_\_\_\_

**Phone: 330-658-2181**

**Web Address: [www.doylestown.com](http://www.doylestown.com)**

**FAX: 330-658-3838**