

**APPLICATION FOR SIMILAR USE PERMIT
CITY OF PATASKALA**

The applicant shall submit a copy of this form, along with ten (10) copies of the supplementary material, to the office of the Zoning Inspector for the City of Pataskala. For further information related to the application process, please refer to Chapter 1213, Similar Uses, of the City of Pataskala Codified Ordinances. Application shall include a fee as specified by City Ordinance.

1. Name of Applicant _____
Address _____ Zip Code _____
Telephone: (Home) _____ (Business) _____ (Fax) _____
2. Name of Property Owner _____
Address _____ Zip Code _____
Telephone: (Home) _____ (Business) _____ (Fax) _____
3. Location/Address of Property _____
4. Legal Description_(and parcel ID)_____
5. Description of Existing Use _____
6. Present Zoning District _____
7. Description of Similar Use _____
8. A plan of the Proposed Site for the Similar Use showing the location of all buildings, parking and loading areas, traffic access and traffic circulation, open spaces, landscaping, refuse and service areas, utilities, signs, yards, and such other information as the Board or Commission may require to determine if the proposed Similar Use meets the intent and requirements of this Chapter on a copy of a map certified by the County Engineer's office showing the property in question and surrounding areas; and the relationship of the proposed use to the Comprehensive Plan. Plans larger than 8 ½" x 11" must be folded before being submitted.
9. The names and addresses of all property owners within 200 feet, or two (2) parcels, contiguous to, and directly across the street from the property, as appearing on the Licking County Auditor's Current Tax List. The applicant shall also provide the addresses of all property owners within the above referenced boundaries. These names and addresses must be submitted as mailing labels.
10. All of the following conditions must exist:
 - a. Such use is not listed as a permitted or conditional use in another zoning district.
 - b. Such use conforms to basic characteristics of the classification to which it is to be added and is more appropriate to it than to any other classification.
 - c. Such use creates no danger to health safety and creates no offensive noise, vibration, dust, heat, smoke, odor, glare, or other objectionable influences to an extent greater than normally resulting from uses listed in the classification to which it is to be added.
 - d. Such use does not create traffic to a greater extent than uses listed in the classification to which it is to be added.
 - e. Such use is consistent with the affected zone in the Comprehensive Plan.

I certify that the information and facts provided on and with this application are true and correct.

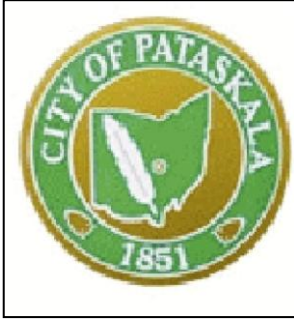
APPLICANT DATE _____

Action by Board of Zoning Appeals (to be completed by the Zoning Clerk).

APPROVED _____ DISAPPROVED _____
CONDITIONS _____
DATE OF DECISION _____
BOARD OF ZONING APPEALS CHAIRPERSON _____
ZONING INSPECTOR _____

Distribution: Applicant - White Zoning Inspector - Canary City of Pataskala – Pink

REMINDER: IF THE APPLICANT IS NOT THE PROPERTY OWNER, WRITTEN PERMISSION TO MAKE THE REQUESTED CHANGE MUST BE SIGNED BY THE PROPERTY OWNER AND MUST BE SUMMITTED WITH THE APPLICATION.



Planning & Zoning Department

Dianne Harris, Director of Planning

Susan Thompson, Zoning Clerk

621 West Broad Street

Pataskala, Ohio 43062-0302

740.927.4910 (Office) 740.927.6269 (Fax)

www.ci.pataskala.oh.us

ACKNOWLEDGMENT FORM

The following information must be provided to the City of Pataskala Zoning Department at the time of submittal for the following types of application: Appeals, Zoning Amendments, Variances, Conditional Uses, Transportation Corridor Overlay District, Similar Use and Preliminary or Final Development Plans for Planned Development Districts.

A list of all property owners within 200 feet or two (2) parcels from any point of the perimeter of the property line of the parcel(s) proposed to be rezoned, whichever method provides for a greater number of owners, and their mailing addresses as appearing on the Licking County Auditor's current tax list. The applicant shall also provide a list of the addresses of all property within the above referenced boundaries. The applicant must sign and submit the bottom of this acknowledgement form regarding completeness of the list of property owners within 200 feet or two properties. The applicant must submit the addresses of the property owners on mailing labels. The submitted labels must be typed and cannot be handwritten. The application will not be accepted if the labels are handwritten. Failure to provide this information, and in the appropriate format, may result in the application being delayed by the appropriate administrative and legislative boards and commissions until the correct information is submitted.

To the best of my knowledge the following attached list and map represent an accurate record of property owners within 200 feet or two parcels of

(Address)

Being submitted for _____
(Type of application)

(Printed Name)

(Signature)

(Date)