

APPLICATION FOR CONDITIONAL USE PERMIT

Board of Zoning Appeals
Morrow County, Ohio

Application No. _____

The undersigned requests a conditional use permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguards required by the Board. If this use is discontinued for a period of more than six (6) months, this permit shall automatically expire.

1. Name of Applicant Emily Ollerrides
Mailing Address 1757 County Rd 59, Caledonia, 43314
Phone Number Home 914-400-8085 Business _____

2. Locational Description: Subdivision Name _____

Section SW5 Township Canaan (SS) Range 17E

Block NA Lot No. NA Parcels: Bob-001-00332.01, .02.03

3. Existing Use Single-family detached dwellings

4. Zoning District Agricultural (A-1)

5. Description of Conditional Use Private outdoor Recreational Facility / Learning Center

6. Supporting Information: Attach a plan for the proposed use (in triplicate) showing the location of building, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards, and refuse and service areas. Also attach a narrative statement relative to the above requirements and also explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.

Date 3/16/14

Emily Ollerrides
Applicant

For Official Use Only

Date Filed _____

Date of Notice to Parties in Interest: _____