

APPLICATION FOR CONDITIONAL USE PERMIT

Board of Zoning Appeals
Morrow County, Ohio

Application No. CV14-006

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 JAMES A BRIDGES
Mailing Address 8181 ST. RT. 19
Phone Number Home 419-295-8254 Business SAME

2. Locational Description: Subdivision Name _____
Section _____ Township N. Bloomfield Range _____
Block _____ Lot No. _____

3. Existing Use Residential

4. Zoning District _____

5. Description of Conditional Use TO DO GUNSMITHING FROM MY HOME / HOME OCCUPATION

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 6-18-2014

James A Bridges
Applicant

For Official Use Only

Date Filed _____

Date of Notice to Parties in Interest: _____

Date of Notice to Newspapers _____

Date of Public Hearing _____

For my application for conditional use permit .

There will be no added traffic to State Route 19 the majority of my business is by appt. only usually one car at a time. There isn't a need for additional parking as it will be only a single customer at a time .There will be no glare or added noise to the property .As for all the utilities they are all underground I will not need any additional power for what I do. Most of my business is the repair of firearms at this time .And needs minimal power requirements.

James Bridges
8181 State Route 19
Galion ,Ohio 44833

To Whom It May Concern, ^{10/29/14}

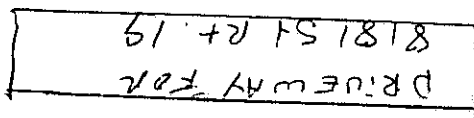
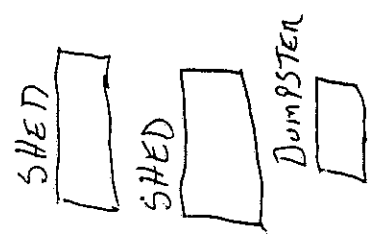
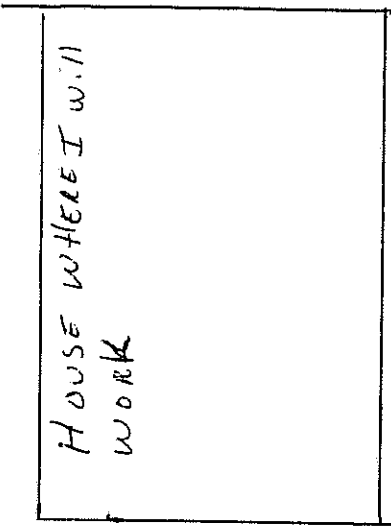
I, Jennifer Smith, am
aware that James Bridges
is running a business out
of the home in my name.

8181 St Rt 19
Galion, OH 44833

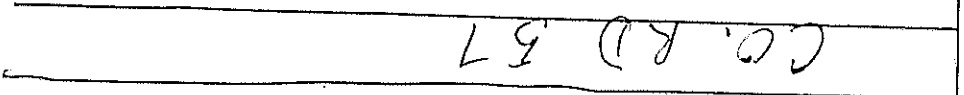
To reach me, you can
call 419 571 1657.

Jennifer
Smith

St. Rt 19



OPEN YARD
ADDITIONAL PARKING
IF NEEDED



Surrounding Prop. Owners

Anthony Stineman
5240 County Rd 57
Galion OH 44833

Stephanie O Neal
8177 State Rt 19
Galion OH 44833

William Shirley
5156 County Rd 57
Galion OH 44833

Michael Buck
5263 County Rd 57
Galion OH 44833

Myron Shenefeld
5189 County Rd 57
Galion OH 44833