

Fee: \$200

**APPLICATION FOR CONDITIONAL USE
BOARD OF ZONING APPEALS
PORTAGE TOWNSHIP**

The undersigned requests a conditional use approval be granted 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 shall be installed and/or observed.

1. Name of Applicant: _____
Address: _____
Phone Numbers Home: _____ Other: _____

2. Location Description: Subdivision Name: _____
Lot Number: _____ Section: _____
(If not in a platted subdivision, attach a legal description)

3. Existing Use: _____

4. Present Zoning Classification: _____

5. Description of Conditional Use Requested: _____

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

_____ DATE _____ APPLICANT SIGNATURE

For Official Use Only

Date filed: _____ Fee Paid: _____
Decision of BZA: Approved: _____ Denied: _____

If approved, the following conditions and safeguards were prescribed:
1. _____
2. _____
3. _____

If denied, reason(s) for denial: _____

_____ DATE _____ BZA CHAIRMAN