

**CITY OF WADSWORTH
APPLICATION FOR CONDITIONAL ZONING CERTIFICATE**

Submission Date: _____

Name of Applicant: _____

Applicant's Address: _____

Phone No.: _____ **Fax No.:** _____

Property Owner (if different): _____

Conditionally Permitted Use: _____

For Property Located At (Address or C/L No.): _____

Zoning District in Which Property is Located: _____

Fee: \$100.00 **Date Paid:** _____

Attached and as part of this application are:

A. Site Plans (15 sets) showing:

1. Existing property lines and proposed divisions of property, including project phasing.
2. Existing site features including structures, utilities, easements, topography, oil and gas wells and/or storage tanks, etc.
3. Existing features abutting the property including structures, public and private streets, utilities, easements, topography, oil and gas wells and/or storage tanks, etc.
4. Proposed site features including structures, parking facilities, landscaping features, site lighting, utilities, easements, public and/or private streets or other means of site access.
5. Transportation Analysis (8 sets) as required by §154.077 of the Zoning Code.

For additional information on site plan requirements, see §154.070 of the Zoning Code.

B. Architectural elevations and floor plans (15 sets) for all proposed structures.

C. Written statement(s) demonstrating how the proposed use complies with the City's Land Use and Thoroughfare Plan, Zoning Code, the *General Standards* for conditional uses as outlined in §154.544(B) and the specific conditions applicable to the proposed use outlined in §154.546 of the Zoning Code.

D. For Home Occupation Submissions Only. Submit a written description of the proposed home occupation and floor plan showing dimensions of room(s) that will be used for the home occupation. Also, describe how the proposal complies with the specific requirements for home occupations outlined in §154.546(17) of the Zoning Code.

Applicant's Signature

Date

For Departmental Use Only

Planning Commission Action: **Approval:** _____ **Disapproval:** _____

Date of Issue: _____ **Time Limit:** _____

Additional Comments: