

**Village of West Jefferson
28 East Main Street
West Jefferson, Ohio 43162
Office #614-379-5246**

TEMPORARY

SPECIAL USE PERMIT APPLICATION

Instructions:

1. Fill out application form completely. Please print or type. Use additional sheets if needed.
2. Filing Fee: _____
Make check payable to the Village of West Jefferson
3. Contact the Building, Planning and Zoning Office if you have any questions.

Applicant's Name: _____

Applicant's Address: _____ Zip: _____

Telephone (home): _____ (work): _____

Owner of Record: _____

Telephone (home): _____ (work): _____

Present Use of Property: _____

Desired Use of Property: _____

Present Zoning: _____

Legal description of Property: _____

Address of Property: _____

Duration of Special Use Permit? _____

Explain in detail what you propose to do: _____

How are adjoining properties used? Indicate both zoning district designations and actual uses.

North: _____ South: _____

East: _____ West: _____

This authorizes the Director of Building, Planning and Zoning to enter upon the property during normal working hours for the purpose of becoming familiar with the proposed situation.

Applicants Signature: _____

Property Owner's Signature: _____

Director, Building, Planning and Zoning:

_____ Date: _____