



**Planning &
ZONING**
BOARDMAN TOWNSHIP

Zoning Certificate Revised 2/6/2024

**BOARD OF ZONING APPEALS
CONDITIONAL USE APPLICATION**

(Please Complete Entirely
Type or Legible Print)

PURPOSE: Complete this form to request a Conditional Use Zoning Certificate. The purpose of a conditional use procedure is to allow consideration for certain uses that may be allowed in the applicable zoning district, as specified in Section 4.07: Permitted Uses, but due to the use's unique and special nature relative to location, design, size, operations, circulation, and general impact on the community, need to be evaluated on a case-by-case basis. The proposed Conditional Use shall be designed, constructed, operated and maintained to be compatible with uses on surrounding properties. The site design shall minimize the impact of the site activity on surrounding properties.

SINGLE POINT OF CONTACT INFORMATION *(If the point of contact is the owner, please fill out owner section)*

Name:		Firm:	
Address:			
City:	State:	ZIP:	
Phone:	Cell:	Email:	

PROJECT INFORMATION

Street Address:	
Parcel ID#	Corner Lot: Yes ___ No ___
Current Use:	Zoning district:
Proposed Conditional Use (Reference Table 4.07-1: Permitted Use Table)	

CONDITIONAL USE PRELIMINARY INFORMATION

(USE ADDITIONAL SHEETS OF PAPER IF NEEDED TO ANSWER FOLLOWING QUESTIONS)

Was a pre-application meeting held for this proposed application request? Yes ___ No ___ If Yes to the answer above, what date was the meeting held?
Explain how this proposed conditional use will not permanently injure or have negative impact on the appropriate use of the neighboring properties?
How will the location and screening of vehicular circulation and parking areas in relation to surrounding areas be affected?
Explain if the location and screening of outdoor storage, outdoor activity or work areas and mechanical equipment in relation to surrounding development will have a negative impact on those properties.

<p>What are the hours of operation?</p> <p>(Approval of Conditional Use may be conditioned upon operation within specified hours considered appropriate to ensure minimal impact on surrounding use.)</p>
<p>How will the bulk, placement and materials of construction of the proposed use affect surrounding areas?</p>
<p>How can you guarantee that the location of the proposed conditional use will not have a detrimental effect on the health, safety and welfare of the public, such as traffic, noise, vibration, smoke, fumes, odors, dust, glare and light?</p>
<p>What plan or evidence will you provide to ensure that the proposed conditional use will not exceed the capacity of existing and available public services such as Utilities, Public Roads, Police and Fire Protection Services by the time the conditional use is complete?</p>

TRAFFIC REQUIREMENTS
<p>The location of proposed conditional use shall minimize the impact of traffic generated. If traffic will be impacted, please see below for information to submit with application:</p>
<p>1. Recommendations of a traffic impact study, if required by Mahoning County or the Ohio Department of Transportation.</p>
<p>2. Proximity and access to major thoroughfares.</p>
<p>3. Estimated Traffic generated by the proposed use.</p>
<p>4. Proximity and relation to intersections.</p>
<p>5. Adequacy of driver sign distances.</p>
<p>6. Location of and access to off-street parking.</p>
<p>7. Required vehicular turning movements.</p>
<p>8. Provision of pedestrian traffic.</p>

APPLICATION SUBMITTAL REQUIREMENTS
<p>A. Forms, maps and information as instructed by the Zoning Director.</p>
<p>B. Site Plans</p>
<p>C. Letter from Property Owner</p>
<p>D. Required Application Fees</p>

REQUIRED SUPPLEMENTAL MATERIALS
<p>Requires a site plan</p> <ul style="list-style-type: none"> • Plans larger than 8.5 x 11 requires 10 copies • Non-Residential and Special Districts must provide large plans

OWNER INFORMATION		
Owner Name: _____		
Mailing Address: _____		
City: _____	State: _____	ZIP: _____
Phone: _____	Email: _____	

1. The undersigned hereby certifies that the information in and with this application is true and accurate, and consents to agents of the township entering the premises for inspection and verification of information submitted, as applicable; and if a permit is issued, to verify conformance to requirements and conditions of issuance. Per Boardman Township Zoning Resolution (BTZR) Section 3.05(E)(2)(a)(i).
2. For complex projects requiring 3rd Party Review by a specialist qualified to verify completeness, accuracy, findings, conclusions and/or recommendations, the Zoning Inspector shall secure from Boardman Township’s list of qualified professionals a cost estimate to perform the review and the applicant shall agree to pay for the service in advance if desiring to proceed. Per BTZR 3.02(B)(2)(b).
3. The undersigned hereby acknowledges that the application’s original filing fee shall be forfeited if the application is determined to be incomplete and the required materials are not submitted within sixty (60) days of the completeness determination at which time the application shall be deemed withdrawn. Per BTZR 3.02(B)(3)(e).
4. If the property is owned by a business, corporation, trust, etc., then a separate notarized letter must also be submitted stating the signator has the authority to apply.
5. If the property has more than one owner, then a signed authorization form must be submitted for each owner.
6. The undersigned hereby authorizes the Zoning Inspector or other Boardman Township staff permission to enter the property to conduct inspection necessary to make a determination on the requested permit application.

Signature of Owner: _____ **Date:** _____

Please Print Name: _____

Notarize

State of _____
 County of _____

The Foregoing instrument was acknowledged before me on the ____ day of _____, 20____

By _____
 Name of person acknowledging

[Notary Seal and Required Commission Information]

 Signature of Notary Public

My Commission Expires _____