



**City of South Euclid
 Building Department
 1349 South Green Road
 South Euclid, Ohio 44121
 216-381-0400 / Fax: 216-291-4959**

Date _____

Application for Conditional Use

We, (I), the undersigned, do hereby respectfully make application for Conditional Use in the City of South Euclid and in support of this application, the following facts are shown:

1. The property sought for Conditional Use is located at

_____.

and known as lot(s) number. It has a frontage of _____ feet and depth of _____ feet.

2. The property sought for Conditional Use is owned by

 Name Address City State Zip

recorded in Volume _____ Page _____ Cuyahoga County Map Records.

3. The following are all streets and occupancy classifications adjacent to or in close proximity of the sides, front and rear of the property which will be effected by the Conditional Use: _____

4. It is proposed that the property will be put to the following specific use, describe in detail: _____

5. It is proposed that the following buildings, occupancy or construction modification will be made: _____

Action by City Council:

Approved _____
 Disapproved _____

 Signature of Applicant

 Address of Applicant

 President of Council

 City State Zip

 Date

 Phone Fax