

VILLAGE OF EVENDALE
DEPARTMENT OF BUILDING COMMISSIONER

CONDITIONAL USE PERMIT

Application No. _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Business Activity Description: _____

Briefly describe your request for the Conditional Use Permit: _____

Signature of Applicant

Date

This application is approved insofar as Zoning and Building Ordinances are concerned.

Approved By Planning Commission on _____

Signature: _____ Date: _____

Date Permit was Issued: _____ Permit number: _____ Permit Fee: _____