

**VILLAGE OF EVENDALE**  
**DEPARTMENT OF BUILDING COMMISSIONER**

**SIMILAR USE APPLICATION**

Application Number: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

APPLICANT PHONE: \_\_\_\_\_ APPLICANT E-MAIL: \_\_\_\_\_

PROPOSED BUSINESS LOCATION: \_\_\_\_\_

CURRENT ZONING DISTRICT: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

REQUESTED SIMILAR USE TYPE: \_\_\_\_\_

BRIEFLY DESCRIBE THE JUSTIFICATION FOR YOUR REQUEST (use separate sheet if needed):

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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☐ Approved ☐ Denied by Planning Commission on \_\_\_\_\_

☐ Approved ☐ Denied by Village Council on \_\_\_\_\_

Date Permit was Issued: \_\_\_\_\_ Permit Number: \_\_\_\_\_