

CITY OF EASTLAKE, OHIO

APPLICATION FOR NEW CONDITIONAL USE PERMIT

DATE _____

PHONE NO. _____ FAX NO. _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

TYPE OF BUSINESS _____

FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER _____

NAME OF PRINCIPAL/AGENT _____

HOME ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NO. _____ FAX NO. _____

OWNER OF PROPERTY _____

HOME ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NO. _____ FAX NO. _____

SIGNATURE OF APPLICANT

PLEASE SEND YOUR PLANNING COMMISSION FEE OF \$180.00 WITH APPLICATION. CHECK SHOULD BE PAYABLE TO THE CITY OF EASTLAKE.

(FOR YOUR INFORMATION A \$235.00 CONDITIONAL USE PERMIT FEE WILL BE REQUIRED AT TIME OF ISSUANCE. PLEASE DO NOT SEND AT THIS TIME, YOU WILL BE NOTIFIED.)

