

**VILLAGE OF MOUNT GILEAD  
APPLICATION FOR A CONDITIONAL USE**

The undersigned hereby requests the Mount Gilead Board of Zoning Appeals grant a Conditional Use Zoning Permit.

1. Name of Applicant (owner) \_\_\_\_\_ Phone \_\_\_\_\_

2. Address of Applicant \_\_\_\_\_

3. Location of site where zoning permit is requested:

Lot number \_\_\_\_\_

Street address \_\_\_\_\_

4. Describe the Conditional Use for which you request approval. \_\_\_\_\_

5. State reasons for the request:

6. State the impact this request may have on the neighborhood around the site if granted.

7. The application shall be accompanied by a money order payable to the Clerk of the village of Mount Gilead, or a cash payment in the amount of ONE HUNDRED (\$100) dollars.

Signature of applicant: \_\_\_\_\_

Date submitted: \_\_\_\_\_

**PLEASE ATTACH ANY PLANS OR DOCUMENTS RELATED TO THIS REQUEST.**

Office Use only

**DISPOSITION OF REQUEST**

The above request for a zoning permit has been:

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

If approved, list any stipulations: \_\_\_\_\_

If rejected, state reason(s): \_\_\_\_\_

Building and Zoning Inspector:

Date: \_\_\_\_\_

Village Administrator