

**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 twenty five (\$25) 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