

PUTNAM COUNTY ZONING PERMIT APPLICATION

BUSINESS PERMIT/CHANGE OF LAND USE

FOR A SPECIAL PERMIT

If an item below does not apply to you, write "not applicable" (NA)

APPLICANT NOTE:

The applicant for this Special Permit MUST be the owner, lessee, or other person having a legal or equitable interest in the subject property.

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

PROPERTY OWNER

(if same as applicant, write same)

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

BUSINESS OWNER

(if same as applicant, write same)

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

GENERAL CONTRACTOR

FOR OPI USE ONLY:

Valid Contractor License on file.

Verified by: _____

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)
WV CONTRACTOR LICENSE NUMBER _____

NAME OF BUSINESS

(name of business that will occupy this location)

LOCATION OF BUSINESS AND/OR CHANGE OF LAND USE

ADDRESS: _____
DIRECTIONS: _____

TAX MAP _____ PARCEL # _____
MULTI-TENANT COMPLEX NAME: _____

NOTE: Be sure to read and complete pages 2 and 3.

REQUIREMENTS TO SCHEDULE PUBLIC HEARING FOR SPECIAL PERMIT REQUEST:

1. Applicant shall provide a list of property owners' names, addresses and tax map and parcel numbers for property owners within 250 feet of the property. *(Property list may be established from the Putnam County Assessor's maps. If the list includes a lot within a subdivision, the applicant must include the name and address of the president for that subdivision's homeowners association.)*
2. Applicant shall submit blank stamped envelopes for the number of property owners established on the above list. *(Property list may be established from the Putnam County Assessor's maps and addresses).*
3. Special Permit application must be filed with the Board of Zoning Appeals within a reasonable period of time to advertise the public hearing in order to allow for the required minimum of 15 days notice prior to the hearing.
4. Fee is \$130.00 for Special Permit Request/Change of Land Use and must be paid when this application is submitted.
5. Completion of page 3 of this application, "Disclosure Statement".

DESCRIPTION OF BUSINESS AND/OR CHANGE OF LAND USE

PRIOR BUSINESS AND/OR LAND USE _____

PROPOSED BUSINESS AND/OR LAND USE _____

_____ NUMBER OF EMPLOYEES _____ GROSS SQUARE FOOTAGE OF BUSINESS USE

_____ LINEAR FEET OF BUSINESS STREET FRONTAGE

DOES A RESIDENTIAL PROPERTY ADJOIN THIS PROPERTY ALONG ANY COMMON PROPERTY LINE?
 YES NO

IF YES, PLEASE CALL THE OFFICE OF PLANNING AND INFRASTRUCTURE AT 586-0237 FOR POTENTIAL BUFFERING REQUIREMENTS .

IS THE PARKING LOT PAVED? YES NO

_____ NUMBER OF PARKING SPACES DELINEATED ON THE PARKING LOT

_____ NUMBER OF HANDICAPPED PARKING SPACES

DO YOU LEASE OR OWN THE BUILDING/PROPERTY?
 LEASE OWN OTHER _____

NOTICE

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction.

Signature

Address

Date:

- CHECK ALL THAT APPLY:
- I am the applicant.
 - I am the business owner.
 - I am the property owner.
 - I am the contractor.
 - I am an agent. If an agent, for whom:

PLANNING COMMISSION USE:

FEE: _____	RECEIPT # _____	INVOICE # _____
AMOUNT PAID: _____	CHECK <input type="checkbox"/>	CASH <input type="checkbox"/>
	CHECK # _____	DATE: _____

ZONING DISTRICT _____ TAX MAP _____ PARCEL _____

PERMITTED PRINCIPAL USE PERMITTED ACCESSORY USE SPECIAL PERMIT USE NONCONFORMING USE

Use _____ Use _____ Use _____ Use _____

COMMENTS: _____

SEE ATTACHMENT FOR CONDITIONS

DATE OF APPROVAL: _____ ZONING PERMIT #: _____

PERMIT OFFICER

DISCLOSURE STATEMENT

Your recent application to the Office of Planning and Infrastructure may require that your requested action be brought before the Putnam County Board of Zoning Appeals or the Putnam County Planning Commission. These two entities are comprised of Putnam County residents.

In order to determine if a current member of either the Putnam County Planning Commission or the Putnam County Board of Zoning Appeals may have a potential conflict of interest with your application, please provide the Office of Planning and Infrastructure with the following information. State law requires that a member of either board recuse himself/herself from the proceedings if a conflict of interest exists. Thank you for your cooperation.

Name of Applicant: _____ Phone: _____

Names of ALL Principal Partners, if Applicant is a business entity: _____

Address: _____

Project: _____

Name of Financial Institution financing this project: _____

Name of Project Engineer/Firm: _____

Name of Project Architect/Firm: _____

Name of Project Realtor/Firm: _____

Name of Building Materials Supplier/Firm: _____

Name of Developer/Development Firm: _____
