



Board of Zoning Appeals

Application for Conditional Use Permit

CU # _____

Hearing Date: _____

Applicant Information	Property Information
Name:	Address:
Address:	Tax Map and Parcel:
Phone:	Zoning District:
Agent Name, Address and Phone Number: (if other than applicant)	Property Owner and Mailing Address: (if other than applicant)

IMPORTANT: This application must be typed or legibly printed and filed with the Planning Department in person or by mail to 915 Quarrier Street, Suite 1 Charleston, WV 25301. The following items must accompany this application: 1) a site plan drawn to scale; 2) a list of the owners, with their mailing addresses, of the properties within a 250 foot radius of the property for which the variance is being sought; 3) \$125.00 filing fee in the form of a check or money order made payable to the City of Charleston. You are also encouraged to submit any additional information, including photographs, elevations, testimonials or other documentation, which may support your application. You or your representative must be present at the scheduled public hearing in order to present your request and answer questions. THE PLANNING DEPARTMENT WILL NOT ACCEPT ANY INCOMPLETE APPLICATIONS.

Please describe the proposed use. Include information such as the activities to be conducted on the site, hours these activities will be conducted, and any other data pertinent to the proposed use. If the proposed use is a business, please attach a list of the officers and their contact information. _____

Applicable Section(s) of the Zoning Ordinance _____

Does the proposed use comply with the conditions set forth in the Zoning Ordinance? _____

Please describe any proposed work to be done on the property. _____

If your request for a conditional use permit is granted, how will others in the area be affected? _____

Will your request devalue the property of others in the vicinity by altering land use characteristics or diminishing the marketable value of adjacent land and structures or increasing congestion on public streets? _____

Is your request consistent with the purposes and intent of the Zoning Ordinance of the City of Charleston? _____

I hereby affirm that all of the statements and information contained in or filed with this application are true and correct to the best of my knowledge.

Signature

Date

Planning Department Use Only	
The following is a list of related cases:	
The following is a list of zoning ordinance violations, building code violations and enforcement actions relating to the subject property:	
Application reviewed by:	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
If approved, were there any specific conditions or limitations imposed by the BZA?	
Planning Official Signature and Title	Date

