

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  \_\_\_\_\_

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 \$35.00 CONDITIONAL USE PERMIT FEE WILL BE REQUIRED AT TIME OF ISSUANCE. PLEASE DO NOT SEND AT THIS TIME, YOU WILL BE NOTIFIED.)*