

	<p align="center">Application for Conditional Use <i>RECREATIONAL VEHICLE</i></p>	<p>City of Sharonville Department of Building, Planning & Zoning 10900 Reading Road Sharonville, OH 45241 (513) 563-0033 Phone (513) 563-0617 Fax</p>
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1. Applicant:	2. Owner (If different than applicant):
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE/ZIP:	STATE/ZIP:
TELEPHONE:	TELEPHONE:

SITE PLAN

Indicate in the space provided above the location of the recreational vehicle, type of vehicle, size and distances to property lines. Also indicate the type of surface the vehicle is parked on.

I have no objections to the conditional use permit as applied for herein:	
Signature	Address

Applicant Signature: _____ **Date:** _____

Application Fee: \$75.00 (Non refundable)
(Application will not be processed without payment of fee).
Effective March 1, 2011 – Ordinance 2010 -61