

<b>CU</b> <b>SATELLITE DISH</b> (Larger than 3.3 feet)	<b>APPLICATION FOR CONDITIONAL USE</b>	City of Sharonville Department of Building, Planning & Zoning 10900 Reading Road Sharonville, OH 45241 (513) 563-0033 Phone      (513) 563-0617 Fax
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<b>1. Applicant:</b>	<b>2. Owner (If different than applicant):</b>
<b>NAME:</b>	<b>NAME:</b>
<b>ADDRESS:</b>	<b>ADDRESS:</b>
<b>CITY:</b>	<b>CITY:</b>
<b>STATE/ZIP:</b>	<b>STATE/ZIP:</b>
<b>TELEPHONE:</b>	<b>TELEPHONE:</b>

The following conditions shall be met in order to maintain a valid conditional use permit for a Satellite Dish [1159.04 (2)]:

- Allowed in rear yard only
- Setback at least 10' from any property line
- Permanent landscaping shall visually screen the structure from adjacent residences during all seasons
- The receiving unit shall be permanently anchored to a foundation
- The maximum height of the satellite dish is 15'
- **A site plan shall be submitted to and approved by the building inspector prior to issuance of a building permit.** Site plan shall include the proposed location and an elevation showing the proposed height and foundation details.
- **A letter from each affected neighbor is required. (Please provide below.)**

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

Application fee: **\$75.00 (non refundable)** (Building permit required.)

I agree to and shall comply with the conditions listed above for the satellite dish.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Staff Review</b>	
<b>Approved:</b> _____	<b>Date:</b> _____
<b>Denied:</b> _____	<b>Date:</b> _____
<b>Reason for Denial (P.C. approval required):</b> _____	