APPLICATION FOR CONDITIONAL USE Residential

1.	Name of Applicant:	
	Mailing Address:	
	Phone Number Home:	Business:
	Location Address:	
		0.00 is required to initiate this process. ecks payable to: Kingsville Township)
2.	Description of Proposed Conditional Use:	
	(Please attach any additional information to application.)	
I certif	fy that the information contained	in this application and its supplements is true and correct.
	Date	Applicant Signature