



WESTLAKE CONDITIONAL USE PERMIT APPLICATION

All sections of this application must be completed

Name of Applicant\Business requesting CUP: Angela Tempest / Joy Beauty Salon.

Name of Applicant\Business Owner requesting CUP: Same

Address of Applicant\Business Owner: 25125 - Detroit Rd. Suite 125
Westlake Ohio 44145

Telephone: 216-316-1774 Email: angela.joy.tempest@gmail.com
angela.joy.tempest@gmail.com

Name of Property Owner: Same

Address of Property Owner: Same

Telephone: _____ Email: _____

use Angela per Angela

Name of Representative: Ryan Award Hamanolla.

Address of Representative: 22 Jacqueline Dr. Beria Ohio 44107

Telephone: 614-757-6737 Email: raicwaart@ng@gmail.com

CUP Request: Conditional use permit for a salon to include medical micropigmentation
(medical tattooing) as an accessory use. 1

Property address for CUP: 25125 DETROIT RD STE 125
(if tenant space provide tenant address and/or suite number)

Involving Parcel Nos.: 213-24-311
(must provide parcel number and zoning)

Property zoned: Business: OB EOP SC GB IS RB AP HM ISF
Residential: R-1F-80 R-1F-Cluster R-2F-100 R-MF-40 R-MF-24 R-MF-15
Industrial: OL EI EOL Health Campus: HC Planned: PUD PO

Section of Code for CUP: 1218.03 (h) (17)
(provide code section listing use as CUP)

Square foot area of building requested for CUP: _____

Angela Tempest
Signature of Property Owner (required)

Angela Tempest
Signature of Business Owner (required)

Submit completed application and any supplemental information to the **Westlake Planning Department**