

APPLICATION NO. _____

APPLICATION FOR ZONING CERTIFICATE

Parkman Township, Geauga County
16295 Main Market Road, Ohio 44080
Phone (440) 548-2480

The undersigned hereby applies for a zoning certificate for the following described use, said certificate to be issued by the township zoning inspector on the basis of the information contained within this application.

THIS APPLICATION SHALL BE COMPLETED BY THE APPLICANT.

A. Name of Applicant: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

B. Name of Owner of Record _____

Address of Owner of Record _____

Telephone Number of Owner of Record; _____

C. Address of the Property: _____

D. Proposed Use: (check one)

- New construction Addition Garage Accessory
- Residence Commercial Sign, Size Building

Please provide a description of the proposed use to be constructed. If this is an addition to the home, please explain how the addition is to be used, ...

E. Attach a site plan or map of lot; drawn to Scale, with a north arrow and date showing existing buildings and structures and proposed construction or use for which this application is made.

Width of lot at front lotline	_____ feet	Dimension of Building:	Width _____ feet	
Width of lot at setback line	_____ feet		Depth _____ feet	
Side yard clearance	side _____	feet	side _____	feet
Rear yard clearance	_____ feet	Front setback line	_____	feet
Depth of lot from front lot line	_____ feet			
Highest point of building above established grade		_____	feet	
Total acreage of property	_____ acres			
Other: _____				

F. Building: Description

Number of Stories: _____ Basement: _____
(Full, Partial, or None)

G. The total amount of square feet of floor space for each floor of proposed buildings or structure on the property or of any addition or structural alteration to existing building or structures.

First floor _____ square feet Second floor _____ feet
Off street parking space _____ square feet

I hereby certify that all of the information supplied in this application and attachments hereto are true and correct to the best of my knowledge, information, and belief.

I hereby acknowledge that I understand that the penalty for falsification is imprisonment for not more than six (6) months, or a fine of not more than one thousand dollars (\$1,000), or both.

ZONING CERTIFICATE

I hereby consent to the inspection of the subject property and of any buildings or structures to be constructed thereon by the Parkman Township Zoning Inspector during construction and within thirty (30) days from the completion of any buildings or structures.

I hereby acknowledge that I understand that if the construction or use described in the zoning certificate has not begun within six (6) months from the date of issuance or if construction has begun within six (6) months and said construction has not been completed within two (2) years from the date of issuance, said zoning certificate shall be revoked by the Parkman Township Zoning Inspector.

Use of this structure for other than stated use voids this permit.

Applicant's Signature

Date

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Date Application Received: _____

Date Application Approved: _____

Amount of Fee Paid: _____

Date of Action on Application: _____

Date Zoning Certificate Issued: _____

Date Application Disapproved: _____

If Application Disapproved, Reasons for Disapproval: _____

I hereby acknowledge the receipt of this application for a zoning certificate this day of _____

Parkman Township Zoning Inspector

Date of Initial Inspection: _____

Date of Final Inspection: _____

Final Approval: _____

Effective 8/2017