



CHESTER TOWNSHIP

12701 CHILLICOTHE ROAD
CHESTERLAND, OHIO 44026
440-729-7058
CHESTERTWP.COM
ZONING@CHESTERTWP.ORG

APPLICATION NUMBER _____

Form No. 1 G – Chester Township Zoning Certificate GENERAL COMMERCIAL USE

PROPERTY OWNER AND LOCATION
Property Owner _____
Address of Property _____ Chesterland, OH 44026
Phone _____ Email _____
Parcel # 11- _____
APPLICANT (RESPONSIBLE PARTY)
Applicant Name (if different than Property Owner)* _____
Type of Applicant _____
Address _____ City _____ Zip _____
Phone _____ Email _____

*If the name of the applicant is different from that of the owner of record, then you must provide documentation as to authority (standing) to make application (e.g., deed, contract, power of attorney, lease, or purchase agreement), and the signature of the legal owner.

PERMIT TYPE

PLANS AND OTHER APPROVALS:

Provide one (1) pdf copy and two (2) paper copies of the plans for the proposal, drawn to scale (with scale indicated), north arrow and date that include the following information (dimensions shall be in feet, when applicable):

BUSINESS INFORMATION
Legal Name of Business _____ dba _____
Primary Contact _____
Phone _____ Email _____
Property Agent Contact _____
Phone _____ Email _____
Permitted Use per Zoning Resolution _____
Maximum number of employees working at one time _____
Building/unit size _____ (SF) Dedicated parking spaces (if applicable) _____
Copy of Occupancy Permit Issued by the Chester Township Fire Department Attached Yes/No _____
Detailed description of nature of business:

SIGNATURE

The undersigned hereby applies for a zoning certificate for the above-described use, said certificate to be issued by the Township Zoning Inspector based on the information contained within this application.

A non-sufficient fee of \$37.50 will be charged to the applicant for any returned checks. All zoning fees are non-refundable.

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

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 the 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 Zoning Inspector.

NOTICE TO APPLICANT:

The Zoning Inspector shall approve or disapprove this application within thirty (30) days. If your application for a Zoning Certificate has been denied, you may appeal. Pursuant to O.R.C. 519.15, you must appeal within 20 days of the Zoning Inspector's denial by filing a Notice of Appeal Form.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

FOR OFFICIAL USE ONLY:

Lot presently zoned: _____ Existing use of lot: _____ Proposed use of lot: _____

Date received: _____ Date issued or denied: _____ If denied, – Section # _____

I hereby acknowledge receipt of this complete application for a zoning certificate.

Chris Alusheff, Zoning Inspector

Date