



CHESTER TOWNSHIP

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

APPLICATION NUMBER _____

Form No. 1 R – Chester Township Zoning Certificate RESIDENTIAL APPLICATION

PROPERTY OWNER AND LOCATION
Property Owner _____
Address of Property _____ Chesterland, OH 44026
Phone _____ Email _____
Parcel # 11- _____
APPLICANT - Please list relationship to owner
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.

TYPE OF PROJECT

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):

SITE PLAN
<ol style="list-style-type: none"> 1. Name and location of the existing road(s), public and private, adjacent to the lot. 2. Dimensions of all lot lines and the total lot acreage. 3. Existing topography at two-foot contour levels. 4. Number of dwelling units existing (if any) and proposed (if any). 5. Setbacks from all lot lines of existing buildings or structures, if any. 6. Location and dimensions of any existing or proposed easements. 7. Location dimensions, and number of existing parking spaces (if any) and proposed. 8. Location of sewage treatment system and replacement area, if applicable. 9. Dimensions of proposed buildings or structures or of any addition or structural alteration to existing buildings or structures. 10. Setback from all lot lines of proposed buildings to structures or of any addition or structural alteration to existing buildings or structures.

