CHESTER TOWNSHIP

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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

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.

CONSTRUCTION PLANS

1. Blueprint or similar accurate building plans including the proposed elevations and floor plans for each proposed building, structures or addition is required.
   --Height to the highest point of all new construction shall be dimensioned.
   --Total amount of square feet of floor space for each floor of proposed buildings or structures or of any addition or structural alteration to the existing buildings or structures.
2. Grading plan.

OTHER PERMIT APPROVALS

1. Copy of the driveway culvert pipe permit or other access driveway approval, issued by the appropriate governmental authority, if/when applicable.
2. Documentation from the appropriate governmental agency that has approved the sewage treatment facility to serve the proposed use.

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.

_____ _____

Patrick Fleming, Zoning Inspector Date