CHESTER TOWNSHIP

12701 CHILLICOTHE ROAD
CHESTERLAND, OHIO 44026
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CHESTERTWP.COM
ZONING@CHESTERTWP.ORG

APPLICATION NUMBER_____

Form No. 2 – Chester Township Zoning Certificate
SIGN 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.

PLANS AND MAPS: 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).

1. The area of the sign in square feet. *See the definition of a sign face in the Zoning Resolution.
2. The location of the sign on the building, structure, or lot, including dimensions from the lot line(s).
3. The height of the sign including frames and structural members.
4. The method of illumination, if any, to include a description of how any exterior light fixture for the sign will be shielded so as to prevent direct light being emitted beyond the boundaries of the sign as required by the Zoning Resolution, Article 5.00.02.1.
5. The dimensions of the lettering and/or the elements of the matter displayed (e.g., a logo).
6. Dimension from the sign to the nearest lot line and road right of way.

SIGN TYPE
Type of sign:_____ Will this sign be illuminated?_____ Will this sign be electronic?_____

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 4).** **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