CHESTER TOWNSHIP

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

APPLICATION NUMBER_____

Form No. 4 – Chester Township Zoning Certificate
NOTICE OF APPEAL

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.

ADDITIONAL INFORMATION FOR VARIANCE

1. Provide the specific zoning regulation(s) from which a variance is requested:
   _____
2. State the exact nature of the variance requested (Area/Use):
   _____
   _____
3. This represents a _____% variance.
4. If any expert witnesses will be called in support of the variance, please provide their name, field of experience and phone number.
5. As the Appellant sees fit, additional information not previously submitted with Form 1 in support of a practical difficulty may be submitted with this form. Items that may support the practical difficulty may include: maps, pictures, professional estimates, invoices…
6. Per Section 1202.4 the Zoning Inspector or BZA may require additional information.

ADDITIONAL INFORMATION FOR APPEALS OF ZONING INSPECTOR ADMINISTRATIVE DECISION
1. Provide a statement describing in detail the error the Zoning Inspector is alleged to have made. 2. Provide any documentation and evidence to support the above claim.

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. **APPLICANT'S SIGNATURE:_____DATE:_____** **PRINT NAME:_____**

FOR OFFICIAL USE ONLY:

ZONING CERTIFICATE APPLICATION NUMBER AND DATE FILED: _____

DATE NOTICE RECEIVED BY ZONING INSPECTOR: _____

DATE PUBLIC HEARING SCHEDULED FOR BOARD OF ZONING APPEALS:_____

DATE NOTICE SENT TO INTERESTED PARTIES WITHIN 250 FEET OF SUBJECT PARCEL: _____

DATE NOTICE PUBLISHED: CHESTERLAND NEWS_____MAPLE LEAF_____

DATE PUBLISHED FACEBOOK_____DATE PUBLISHED WEBSITE_____

I HEREBY ACKNOWLEDGE THE RECEIPT OF THIS NOTICE OF APPEAL

_____ _____

Becky Geissinger, Zoning Secretary Date