CHESTER TOWNSHIP

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

APPLICATION NUMBER_____

Form No. 5T – Application for a Text Zoning Amendment

The undersigned owner(s) or lessee(s) of the following legally described real property hereby request the adoption of the following zoning amendment to the Chester Township Zoning Resolution.

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.

DOCUMENTATION
1. Provide the text of the proposed amendment as Exhibit A. 2. Attach a statement relative to the reason(s) for the proposed amendment and how it relates to the township land use plan.

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: Enter appropriate dates:
Received:_____Submitted to GCPC_____ Zoning Commission_____ Public Hearing_____

Dates of newspaper notice and name of paper:_____

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

_____ _____ Fee Paid_____
Patrick Fleming, Zoning Inspector Date