

APPLICATION NO. _____

APPLICATION FOR ZONING CERTIFICATE

Thompson Township, Geauga County

The undersigned hereby applies for a zoning certificate for the following described use, said certificate to be issued by the township zoning inspector on the basis of the information contained within this application.

THIS APPLICATION SHALL BE COMPLETED BY THE APPLICANT.

A: Name of Applicant: _____
Address of Applicant: _____
Telephone Number of Applicant: _____

B: Name of Owner of Record: _____
Address of Owner of Record: _____
Telephone Number of Owner of Record: _____

C. Address of Property: _____

D. Proposed Use: (check one)
New Construction Addition Garage Accessory Building
Residence Industrial Commercial Sign, Size
Other: _____

1. Attach Documentation as to authority to make application (e.g. deed, power of attorney, lease or purchase agreement)
2. Attach a legal description of the property, as recorded with the Geauga County Recorder
3. Attach a site plan or map of lot; drawn to scale, with a north arrow and date showing existing buildings or structures and proposed construction or use for which this application is made.
 Width of lot at front line _____ feet Dimension of Building: Width _____ feet
 Width of lot at setback line _____ feet Depth _____ feet
 Side yard clearance _____ side _____ feet side _____ feet
 Rear yard clearance _____ feet Front setback line _____ feet
 Depth of lot from front lot line _____ feet
 Highest point of building above established grade _____ feet
 Total acreage of property _____ acres
 Other: _____

E. Building: Use _____
Number of Stores _____ Basement _____
Height _____ feet (Full, Partial or None)

F. The total amount of square feet of floor space for each floor of proposed buildings or structure on the property or of any addition or structural alteration to the existing buildings or structures.
First floor _____ square feet Second floor _____ square feet
Off street parking space _____ square feet.

I hereby certify that all of the information supplied in this application and attachments hereto are true and correct to the best of my knowledge, information and belief.
I hereby acknowledge that I understand that the penalty for falsification is imprisonment for not more than six (6) months, or a fine of not more than one thousand dollars (\$1,000), or both.
(Continued on next page)

ZONING CERTIFICATE

I hereby consent to the inspection of the subject property and of any buildings or structures to be constructed thereon by the Thompson Township Zoning Inspector during construction and within thirty (30) days from the completion of any buildings or structures.

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 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 Thompson Township Zoning Inspector.

Use of this structure for other than stated use voids this permit.

Applicant's Signature

Date

(For official use only)

Date Application Received: _____

Date Application Approved: _____

Amount of Fee Paid: _____

Date Zoning Certificate Issued: _____

Date of Action on Application: _____

Date Application Disapproved: _____

If application disapproved, reasons for disapproval: _____

I hereby acknowledge the receipt of this application for a zoning certificate this _____
day of _____, 2_____.

Thompson Township Zoning Inspector