Accessory Building

* Other

If this is an addition to the home, please

APPLICATION NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR ZONING CERTIFICATE** Parkman Township, Geauga County

16295 Main Market Road, Ohio 44080

Phone (440) 548-2480

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.**

1. Name of Applicant: \_

Address of Applicant: \_

Telephone Number of Applicant: \_

1. Name of Owner of Record ~\_

Address of Owner of Record \_

Telephone Number of Owner of Record; \_

1. Address of the Property: \_
2. Proposed Use: (check one)

New construction Addition Garage

Residence Commercial Sign, Size

Please provide a description of the proposed use to be constructed.   
explain how the addition is to be used, *-r » »*

1. Attach a site plan or map of lot; drawn to SCale, with a north arrow and date showing existing buildings ill   
   structures and proposed construction or use for which this application is made.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Width of lot at front lorline | 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: |  |  |  |  |
| F. | Building: Description |  |  |  |  |
|  | Number of Stories: |  | Basement: |  |  |

(Full. Partial, or None)

1. The total amount of square feet of floor space for each floor of proposed buildings or structure on the property or   
   of any addition ill structural alteration to existing building or structures.

First floor square feet Second floor 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.

**Effective: 8/2017**

**ZONING CERTIFICATE**

I hereby consent to the inspection of the subject property and of any buildings or structures to be   
constructed thereon by the Parkman 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 Parkman Township Zoning Inspector.

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

Applicant's Signature

Date

*i*

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Action on Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Approved: .

Date Zoning Certificate Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Disapproved: \_\_\_\_\_\_\_\_\_\_\_\_\_

If Application Disapproved, Reasons for Disapproval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge the receipt of this application for a zoning certificate this day of

Parkman Township Zoning Inspector

Date of Initial Inspection:

Final Approval:

Date of Final Inspection: \_\_\_\_\_\_\_\_\_

**Effective 8/2017**