Brunswick Hills Township

CHANGE OF USE/HOME OCCUPATION/TEMPORARY ZONING USE CERTIFICATE

Zoning Use Certificate No: 20 ______

The undersigned hereby applies for a Zoning Certificate for the following use. Said certificate to be issued on the basis of the information contained within this application and its attachments. This application is to be submitted to the office of the Zoning Inspector.

Land Owner’s Name_______________________________ Phone____________________

Mailing Address____________________________________________________________

Location of Property________________________________________________________

Permanent Parcel Number (required)___________________________________________

Occupant:___________________          _Phone______________________

Mailing Address____________________________________________________________

Reason for Zoning Certificate:

__________Change in Use

__________Change in Owner

__________Temporary Building  _____________Class  (1) Home Occupation

__________Class (2) Home Occupation  Proposed Use of Building(s) and or Lot:

________________________________________________________________________

The applicant is required to submit plans showing the actual dimensions and shape of the lot, exact sizes and locations of existing building on the lot, and the location and dimensions of the proposed buildings, alternations, driveways and parking areas.

It is understood and agreed that any errors, misstatement, misrepresentation of fact or expression of fact, whether intended or not, that would cause a zoning use certificate to be issued, that would otherwise be denied, shall constitute sufficient ground for revocation of zoning certificate at any time. The applicant hereby certifies that all information in this application and its attachments are true and correct. The applicant furthermore understands that this use certificate shall become null and void and of no effect one (1) year from the date of issuance unless construction is started.

SIGNATURE________________________________DATE________________________________

Date Received______________ Fee Paid: __________ Cash ____ Check #______________

Date BZA Meeting______________Approved____________Denied________________________

Signature of Brunswick Hills Township Zoning Inspector__________________________