

Brunswick Hills Township
1918 Pearl Road, Brunswick, Ohio 44212
Medina County

HOME OCCUPATION or TEMPORARY ZONING CERTIFICATE

ZC-20 - _____

The undersigned hereby applies to Brunswick Hills Township, Medina County, Ohio 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.

1. Land Owner's Name: _____ Home Phone _____
Mailing Address _____ Work Phone _____
2. Location of Property _____
3. Permanent Parcel Number (**required**) _____ Zoning Dist. _____
4. Builder's Name (if temporary building) _____
Work or Cell Phone: (_____) _____
Mailing Address _____
5. Reason For Zoning Certificate: ___Temp. Bldg. ___Type I Home Occ.
___ Type (2) Home Occ. What is the nature of your business? _____

6. Proposed Use of Building(s) and/or Lot _____
7. Dimensions of Proposed Building:
Width _____ Feet Living Area* _____ Sq. Ft. Commercial _____ Sq. Ft.
Height _____ Feet Foundation _____ Sq. Ft. Industrial _____ Sq. Ft.
Depth _____ Feet Total Area _____ Sq. Ft. Office _____ Sq. Ft.
Construction Cost \$ _____
8. Lot Dimensions: Frontage _____ Feet Acres _____
9. Check One: Sanitary Sewer _____ On Site Septic _____

10. Yard Setback Dimensions:

Shortest Distance from Proposed Building to Road Right Of Way ___Feet

Shortest Distance from One Side Lot Line to Proposed Building ___Feet

Shortest Distance from Remaining Lot Line to Proposed Building ___Feet

Shortest Distance from Rear Yard Lot Line to Proposed Building ___Feet

Shortest Distance from Proposed Building to Closest Existing Building ___Feet

11. Will Ingress Or Egress To The Proposed Building Or Lot Be From A State, County, Or Township Road? _____(A Driveway/Culvert Permit Must Be Obtained And Attached)

12. Driveway and Parking Dimensions: Length of Driveway_____ Feet
Width of Driveway_____Feet Number of Off Street Parking Spaces_____

13. Attach A Copy Of Septic Approval From The County Health Department Or A Copy Of The Sewer Tap From The County Sanitary Engineer.

14. Is All Or Part Of The Proposed Building Or Lot Located In The Flood Plain District? No___ If Yes What Portion? _____

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

IT IS UNDERSTOOD AND AGREED THAT ANY ERROR, MISSTATEMENT, MISREPRESENTATION OF FACT OR EXPRESSION OF FACT, WHETHER INTENDED OR NOT, THAT WOULD CAUSE A ZONING 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 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 \$_____ Check Number _____

Date of Meeting_____ Time:_____ Location: 1918 Pearl Road Town Hall

Approved_____ Disapproved_____ Conditions (See File)_____

Zoning Inspector