

BRUNSWICK HILLS TOWNSHIP
1918 Pearl Road, Brunswick, Ohio 44212-3202
Medina County

Application for Pool Zoning Certificate

Zoning Certificate Number **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.

Land Owner's Name _____ Phone: _____

Mailing Address _____

Location of Lot _____

Permanent Parcel Number (**required**) _____ Sub Lot # _____

Zoning District: _____ Date of installation: _____

Existing Use of Building(s): Single Family Dwelling

Proposed Type of Pool/Hot Tub: Above Ground _____ In Ground _____ Size _____
Hot Tub _____ Size _____ Ft.

Distance From **Rear** Property Line _____ Distance from **Side** Property Line _____

Distance From **Nearest Main Bldg.** _____ Ft. Is the site staked? ___ Yes ___ No

Cost of Pool/Hot Tub \$ _____

Does the pool/hot tub have a fence or locking device? Yes _____ No _____

If yes, what is the device? _____

(A Zoning Certificate will not be issued unless there is a locking device noted)

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 SIX (6) MONTHS FROM THE DATE OF ISSUANCE UNLESS CONSTRUCTION IS STARTED.**

Signature of Applicant _____ Date _____

Date Received _____ Fee Paid \$ _____ Cash _____ Check Number _____

Date Of Action Application _____, 20 _____ Denied _____ Approved _____

Brunswick Hills Township Zoning Inspector _____ Date _____, 20 _____