

Brunswick Hills Township
1918 Pearl Road, Brunswick, Ohio 44212-3202
Medina County

APPLICATION FOR A DECK, PORCH OR PATIO ZONING CERTIFICATE

Zoning Certificate Number 2025-_____

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: _____

Address of Property _____

Permanent Parcel Number (**required**): _____ Sub Lot No. _____
(application will not be accepted without parcel number)

Builder's Name Of Deck _____ Phone _____

Mailing Address _____

Reason For Zoning Certificate:

____ Deck ____ Porch ____ Patio (materials to be used) ____ Gazebo
____ Stone ____ Concrete Slab ____ Stamped Concrete ____ Pavers Hot Tub _____

Zoning District: _____ What is the date of installation? _____

Is the site staked? ____ Yes ____ No If not when will the site be staked? _____
(A Zoning Certificate will not be issued before site inspection)

Dimensions of Structure:

Width ____ Feet Railing Height ____ Feet Depth ____ Feet Total Area ____ Sq. Feet

Construction Cost \$ _____

Continued

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

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.**

Hours of Operation are as follows: Monday thru Friday 11a.m. to 4p.m.

APPLICANT SIGNATURE _____ DATE _____

OFFICE USE ONLY

DATE RECEIVED _____ FEE PAID \$ _____ CHECK # _____ CASH _____

DATE OF ACTION _____ APPROVED _____ DENIED _____

IF APPLICATION IS DENIED, REASON FOR DENIAL _____

Brunswick Hills Township Zoning Inspector _____ Date _____