

APPLICATION FOR CONDITIONAL ZONING CERTIFICATE

Guilford Township • 3800 Greenwich Rd. • Seville, OH 44256
 Phone (330) 769-1929 • Zoning@GuilfordTwpOH.us • Fax (330) 769 -1929

The undersigned hereby applies for a Zoning Certificate for the following use, to be used on the basis of the representations contained, all of which the applicant swears to be true.

1. Location of Property _____
2. Applicant Name _____ Telephone _____
 Applicant Email Address _____
 Applicant is: Owner Tenant Other _____
3. Current Zoning District: _____
4. Use for Which Permit is Requested: _____

Supporting Material:

- Site Plan, Plot Plan or Development Plan
- Plans and Specifications for Proposed Development and Construction
- Statement of Prerequisite Conditions

Prerequisite Conditions:

- In Accordance with General Objective of Township Plan
- Harmonious with Character of the Area
- No Hazard to Present or Future Neighborhoods
- Improvement to Immediate Vicinity and Community as a Whole
- Proper Service by Public Utilities and Services
- No Extensive New Facilities at Public Cost
- Consistent with Purpose and Intent of Zoning Resolution
- No Obnoxious Characteristics of Operation

The undersigned requests a Conditional Use Zoning Certificate for the use specified above. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any additional conditions or safeguards required by the Board of Zoning Appeals. It should be understood that following the issuance of the Conditional Zoning Certificate, the applicant must undergo a Site Plan Review by the Zoning Commission prior to initiation of any construction. In addition, the applicant must apply for a Zoning Certificate from the Zoning Office once all preceding steps have been successfully completed, and before initiation of any construction. The Board of Zoning Appeals may also impose such additional conditions and safeguards deemed necessary for the general welfare, for the protection of individual property rights, and for insuring that the intent and objectives of the Township Zoning Resolution will be observed.

Applicant Signature: _____

Office Use Only

Fee Paid: \$ _____ Receipt Number: _____ By: _____

Record of Actions:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Conditions: _____