

APPLICATION FOR ZONING CERTIFICATE

Guilford Township, Medina County, Ohio

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

1. Location of Property _____ S/L _____
2. Name of Land Owner _____ Telephone _____
Address of Land Owner _____
3. Applicant's Name _____ Telephone _____
Applicant's Email Address _____
4. Proposed Use (Please circle all that apply):

a. New Construction	d. Fence _____
Residential	e. Pool _____
Commercial	f. Remodeling _____
Single Family Cluster Condo Apartment	g. Sign _____
b. Deck/Patio _____	h. Other _____
c. Accessory Building/Garage _____	
5. Survey or tax map of lot, showing existing buildings and proposed construction or use for which this application is made. Fill in all dimensions and indicate which direction is north.

a. Main Road or Street Frontage _____ feet	f. Dimensions of Structure, Width _____ feet
b. Depth of Lot from Right-of-Way _____ feet	Depth _____ feet
c. Setback from Side of Road or Street	Total Square Feet _____
Right-Of-Way _____ feet	g. Side Yard Clearance
d. Highest Point of Structure above	_____ Side _____ feet
Established Grade _____ feet	_____ Side _____ feet
e. Approximate Cost _____	h. Rear Yard Clearance _____ feet
6. Usable floor space designed for use as living quarters exclusive of porches, breezeways, decks, patios, terraces, or attics:

First Floor _____ square feet	Garage _____ square feet
Second Floor _____ square feet	Basement _____ square feet
Third Floor _____ square feet	Finished Area of Basement _____ square feet
Width & Length of Drive _____	Off-Street Parking Space _____ Permit # _____
7. Remarks _____

I, the undersigned, acknowledge that prior to any ground disturbing activity, it is my responsibility to call Ohio Utility Protection Services (OUPS) at 811. Signed and sworn to on:

DATE SIGNATURE

ZONING CERTIFICATE

Upon the basis of the above application, the statements in which are made a part thereof, the proposed usage is found to be in accordance with the Township Zoning Resolution and is hereby approved for the following

District _____ Date of Approval _____
Township Zoning Inspector _____ Expiration _____
Reason for Refusal/Comments _____

THIS APPROVED ZONING CERTIFICATE IS GRANTED ONLY FOR THE CONSTRUCTION OF THE ABOVE-DESCRIBED STRUCTURE(S). SHOULD THE INFORMATION PROVIDED IN THIS APPLICATION BE INACCURATE, THIS ZONING CERTIFICATE IS VOID. ANY CHANGES OR REVISIONS TO THE STRUCTURE(S), MUST BE SUBMITTED FOR REVIEW AND APPROVAL.

THIS PERMIT SHALL BECOME VOID IF DESCRIBED WORK IS NOT BEGUN WITHIN SIX (6) MONTHS OF THE DATE OF ISSUANCE -OR- IF WORK DESCRIBED WITHIN THIS PERMIT IS NOT EXTERIORLY COMPLETED WITHIN TWELVE (12) MONTHS OF THE DATE OF ISSUANCE.