

APPLICATION #: _____

**AUBURN TOWNSHIP
BOARD OF ZONING APPEALS**

11010 E. Washington St.
Chagrin Falls, OH 44023
(440) 543-7028

APPLICATION FOR A CONDITIONAL ZONING CERTIFICATE

The undersigned hereby applies for a conditional zoning certificate for the following described use, said certificate to be issued by the township zoning inspector on the basis of the information contained within this application.

THIS APPLICATION SHALL BE COMPLETED BY THE APPLICANT.

- A. Name of Applicant: _____
Address of Applicant: _____
Telephone Number of Applicant: _____
- B. Name of Owner of Record: _____
Address of Owner of Record: _____
Telephone Number of Owner of Record: _____
- C. Address of the Lot: _____
(if different from applicant's current address)
- D. Attach the names and addresses of all parties in interest from the County Auditor's current tax list (all lots adjacent to and directly across the street from the subject lot).
- E. Attach documentation as to authority to make application (e.g. deed, power of attorney, lease, or purchase agreement).
- F. Attach a legal description of the lot, as recorded with the Geauga County Recorder.
- G. Provide the current zoning district in which the lot is located: _____

- H. Provide a description of the existing use of the lot: _____

- I. Provide a description of the proposed use of the lot: _____

- J. Attach two (2) copies of a plan or map, drawn to scale, with a north arrow and date showing the following information:

***PLEASE NOTE:**

Each appeal application must include a list of the names and addresses of all current owners of lots contiguous or across any street from the subject lot(s).

1. The dimensions (in feet) of all lot lines and the total acreage of the lot.
 2. The dimensions and elevations (in feet) of all existing buildings or structures on the lot, if any.
 3. The setback (in feet) from all lot lines of existing buildings or structures on the lot, if any.
 4. The dimensions and elevations (in feet) of proposed buildings or structures on the lot or of any addition or structural alteration to existing buildings or structures.
 5. The total amount of square feet of floor space for each floor of proposed buildings or structures on the lot or of any addition or structural alteration to existing buildings or structures.
 6. The setback (in feet) from all lot lines of proposed buildings or structures on the lot or of any addition or structural alteration to existing buildings or structures.
 7. The height (in feet) of existing buildings or structures on the lot.
 8. The height (in feet) of proposed buildings or structures on the lot or of any addition or structural alteration to existing buildings or structures.
 9. The name and location of the existing road(s), public and private, adjacent to the lot.
 10. The number of dwelling units existing (if any) and proposed for the lot.
 11. The location, dimensions (in feet), and number of parking spaces existing (if any) and proposed.
 12. For commercial and industrial uses: The location, dimensions (in feet), and number of loading/unloading spaces.
 13. The location and dimensions (in feet) of any existing or proposed easements on the lot.
 14. The location and description of existing and proposed landscaping and buffer areas on the lot.
 15. The existing topography of the lot, at contour intervals of two (2) feet, and a final grading plan.
 16. The location of any exterior lighting fixtures, their maximum lumens and documentation that they are, and will be installed as, full cutoff fixtures.
 17. For commercial and industrial uses: the location and dimensions of any exterior display, sales, or storage areas on the lot.
 18. The location and dimensions of a fire protection pond and dry hydrant, if applicable.
- K. Provide a copy of the driveway culvert pipe permit issued by the appropriate governmental authority.
- L. Documentation shall be provided that the appropriate governmental agency has approved the sewage treatment facility to serve the proposed use on the lot.
- M. Provide a copy of the approval letter or permit, as applicable, from the Geauga Soil and Water Conservation District concerning the stormwater management and erosion control plan.

APPLICATION #: _____

I hereby certify that all the information supplied in this application and attachments hereto are true and correct to the best of my knowledge, information, and belief.

I hereby acknowledge that I understand the penalty for falsification, is imprisonment, for not more than six (6) months, or a fine, of not more than One Thousand Dollars (\$1,000.00), or both.

I hereby consent to the inspection of the subject property and of any buildings and/or structures to be constructed thereon by the Township Zoning Inspector during the construction and within thirty (30) days from the completion of any buildings and/or structures.

I hereby acknowledge that I understand, if the construction and/or use described in the Zoning Certificate has not begun within six (6) months from the date of issuance, or if construction has begun within six (6) months and construction has not been completed within two (2) years from the date of issuance, the Zoning Certificate shall be revoked by the Auburn Township Zoning Inspector.

APPLICANTS SIGNATURE

DATE

Please remit a check payable to: Auburn Township **\$450.00**

Additional costs for legal advertisements, postage, additional hearings, etc. will be billed to the appellant.

FOR OFFICIAL USE ONLY

Application Number: _____

Zoning Certificate Application Number: _____

Date notice filed with Zoning Inspector: _____

Date notice filed with the BZA: _____

Date of notice to parties of interest: _____

Date of legal notice in publication and name of publication: _____

Date of Public Hearing: _____

Amount of Appeal fee paid: _____

I hereby acknowledge the receipt of this application requesting a conditional use zoning certificate
this _____ day of _____ 200

APPLICATION #: _____

FOR OFFICIAL BOARD OF ZONING APPEALS USE ONLY

(to be issued after decision)

Name of Appellant: _____

Address of Appellant: _____

Telephone Number of Appellant: _____

Application Number: _____

Zoning Certificate Application Number: _____

Date appeal filed with Zoning Inspector: _____

Date appeal filed with the BZA: _____

Date of notice to parties of interest: _____

Date of legal notice in publication and name of publication: _____

Date of Public Hearing: _____

Amount of Appeal fee paid: _____

Decision of Z.B.A.:

APPROVED _____ If approved the following recommendations were prescribed: _____

DENIED _____ If denied the reason for denial: _____

AUBURN TOWNSHIP BOARD OF ZONING APPEALS

DATE