

FACILITY NO. _____

APPLICATION NO. _____

APPLICATION FOR A ZONING CERTIFICATE
Russell Township

The undersigned hereby applies for a 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 (PRINT): _____ Tel. () _____

Applicant's Address: _____
House Number/Street Name

City/Zip Code

Authority to Make Application: _____ Company _____
(Owner, Contractor, Architect, Agent) (if applicable)

B. Name of Owner of Record: _____ Tel. () _____

Address of Owner of Record: _____
House Number/Street Name

City/Zip Code

C. Address of the Property (if different from applicant's current address):

D. Provide the current zoning district in which the property is located: _____

E. Describe use of property: Existing: _____ Proposed: _____
(Residential, Commercial, Office)

F. Provide a description of the proposed construction: New Residence Addition Alterations Pool Sign
Accessory Building with dimensions _____ Other (describe) _____

G. Exterior lighting plan attached? Yes No

H. Does this structure utilize a geothermal heating or cooling system? Yes No

I. Provide the following information:
Site plan or plat drawing showing proposed construction and all easements.
Size of lot: _____ acres. Lot Dimensions: _____ x _____
Number of stories: _____ Height of building: _____
Habitable floor area OR first floor: _____ sq. ft. Floor area of basement: _____ sq. ft.
Front yard setback dimension (measured from edge of right-of-way): _____
Side yard setback dimensions: _____ and _____ Rear yard setback dimension: _____

I hereby certify that all of the information supplied in this application and attachments hereto are true and correct to the best of my knowledge, information and belief. It is also specifically agreed that the undersigned will notify the Zoning Inspector, or his assistant, upon completion of foundation or before any changes are made relative to the submitted data. I hereby consent to the inspection of the subject property and of any buildings or structures to be constructed thereon by the township Zoning Inspector during construction and within thirty (30) days from the completion of any buildings or structures. Furthermore, I understand that I need to contact my homeowners association (if applicable) and the Geauga County Building Department for approval.

I hereby acknowledge that I understand that such certificate shall become null and void if such construction, relocation, alteration, extension or change has not been completed within one year from the date of issuance or if within such period construction has not been actually begun and is not reasonably proceeding.

Applicant's Signature

Date

Zoning Inspector

Approved Denied