

APPLICATION FOR A CONDITIONAL ZONING CERTIFICATE

RUSSELL TOWNSHIP

The undersigned hereby applies for a Conditional Zoning Certificate for the following described use, said certificate to be issued by the Russell 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 Property: _____
(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 properties adjacent to and directly across the street from the subject property).

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 property, as recorded with the Geauga County Recorder.

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

H. Provide a description of the existing use of the property: _____

I. Provide a description of the proposed use of the property: _____

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

1. The dimensions (in feet) of all property lines and the total acreage of the property.
2. The dimensions (in feet) of all existing buildings or structures on the property, if any.
3. The setback (in feet) from all property lines of existing buildings or structures on the property, if any.
4. The dimensions (in feet) of proposed buildings or structures on the property 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 property or of any addition or structural alteration to existing buildings or structures.
6. The setback (in feet) from all property lines of proposed buildings or structures on the property or of any addition or structural alteration to existing buildings or structures.
7. The height (in feet) of existing buildings or structures on the property.
8. The height (in feet) of proposed buildings or structures on the property 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 property.
10. The number of dwelling units existing (if any) and proposed for the property.
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 property.

14. The existing topography of the lot, at contour intervals of two (2) feet, and a final grading plan.
15. Documentation shall be provided that the appropriate governmental agency has approved the sewage treatment facility to serve the proposed use on the lot.
16. 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. The "Water Management and Sediment Control" regulations set forth in Section 4.13 of the Russell Township Zoning Resolution may apply and may be required as a part of the application.

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.

I hereby acknowledge that I understand that 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), or both.

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

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

Applicant's Signature

Date

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FOR OFFICIAL USE ONLY

Application Number: _____

Conditional Zoning Certificate Number: _____

Date Application Received: _____

Amount of Fee Paid: \$ _____

Date of Public Hearing: _____

Date of Notice to Parties in interest: _____

Date of Notice of Hearing in Newspaper: _____
(provide name of newspaper)

Date of Action on Application: _____

Date Conditional Zoning Certificate Issued: _____

I hereby acknowledge the receipt of this application for a Conditional Zoning Certificate
this _____ day of _____, 20_____.

Signature of Township Zoning Inspector