



APPLICATION FOR ZONING CERTIFICATE

WEATHERSFIELD TOWNSHIP

"Come Home to Weathersfield"

1451 Prospect Street

Mineral Ridge, Ohio 44440

Phone: (330) 652-6326 Fax: (330) 544-7491

www.weathersfieldtp.com

Permit/Zoning Certificate No. _____ Date _____ Est. Value \$ _____ Fee Paid \$ _____

Property Address _____ Parcel # _____ Zoning District _____

Property Owner _____

Mailing Address _____

Email Address _____ Phone Number _____

Applicant _____ Name of Business _____

Contact information for Applicant, if different than Property Owner:

Mailing Address _____

Email Address _____ *Phone Number* _____

Contractor _____ Address _____ Phone _____

New Residence _____ New Commercial Bldg. _____ Accessory Bldg. _____ Addition _____

Swimming Pool _____ Other _____

Application is hereby made for a Zoning Certificate to use the land, building, and/or premises at the above location for the following purposes: _____

***This application for Zoning Certificate must include drawing**

The owner of this property and the applicant do hereby:

- 1) Agree to comply with the Zoning Regulations of Weathersfield Township and to construct the proposed project according to the drawings and specifications submitted;
- 2) Certify that all of the information and statements given on this application, drawings and specifications submitted are to the best of their knowledge, true and correct;

- 3) Agree to grant Weathersfield Township access to the property for review;
- 4) Understand and agree that any error, omission, misstatement, misrepresentation of material fact, with or without intent, or any material alteration in the approved plans made without approval, shall constitute sufficient grounds for the revocation of such Certificate; and
- 5) Understand that construction or alteration of the structure must begin within six (6) months after the date of issuance, and must be completed within one (1) year after the date of issuance. Failure to comply with either of these provisions will result in the Zoning Certificate becoming null and void.

_____ Applicant Date

_____ Property Owner (if different) Date

Certificate applied for above (will) (will not) comply with the Weathersfield Township Zoning Resolution.

If not approved give reasons:

_____ Zoning Inspector Date

SEE 'INSTRUCTIONS AND PERMIT REQUIREMENTS FOR CONSTRUCTION'
BEFORE SUBMITTING APPLICATION

Call Before You Dig 1-800-362-2764