

**ARTICLE 10**

**Official Zoning Forms**

APPLICATION FOR ZONING PERMIT

Berlin Heights, Ohio

Application No. \_\_\_\_\_

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form to submit plans, in triplicate and drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations.

1. Locational Description: Subdivision Name: \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Block \_\_\_\_\_ Lot No. \_\_\_\_\_

(If not located in platted subdivision, attach a legal description)

2. Name of Owner: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Business \_\_\_\_\_

3. Existing Use: \_\_\_\_\_

4. Property Presently Zoned As: \_\_\_\_\_

5. Proposed Use:

New Construction \_\_\_\_\_ Business \_\_\_\_\_

Remodeling \_\_\_\_\_ Industry \_\_\_\_\_

Accessory Building \_\_\_\_\_ Sign \_\_\_\_\_ Size \_\_\_\_\_

Residence \_\_\_\_\_ No. of Units \_\_\_\_\_ Other(explain) \_\_\_\_\_

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(If proposed use is business or industry, enclose a detailed description of the nature of the business or industry)

6. Type of Sewage Disposal: \_\_\_\_\_

7. Percentage of lot to be occupied: \_\_\_\_\_
8. Lot: Width \_\_\_\_\_ Lot Depth \_\_\_\_\_ Lot Area \_\_\_\_\_
9. Square Feet: Of living area (residences) \_\_\_\_\_ sq. ft.  
 Garage \_\_\_\_\_ Basement \_\_\_\_\_ Accessory Bldg. \_\_\_\_\_  
 Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Office \_\_\_\_\_
10. Building Heights: Stories \_\_\_\_\_ Feet \_\_\_\_\_
11. Yard Dimensions: Front \_\_\_\_\_ Rear \_\_\_\_\_  
 One Side \_\_\_\_\_ Sum of Side Yards \_\_\_\_\_
12. Accessory Building Dimensions: Height \_\_\_\_\_ Side of Dimensions \_\_\_\_\_  
 \_\_\_\_\_
13. Number of Off-Street Parking Spaces to be Provided: \_\_\_\_\_
14. Number of Off-Street Loading Berths to be Provided: \_\_\_\_\_
15. On a separate sheet, attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

Note: This permit shall be void if work is not started within one year or completed within 2-1/2 years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 (For Official Use Only)

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Date of Action on Application: \_\_\_\_\_ Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

If application denied, reason for denial: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Zoning Inspector

10.2

APPLICATION FOR CERTIFICATE OF OCCUPANCY  
Berlin Heights, Ohio

Before any building may be occupied or land utilized, it is necessary for the zoning inspector to certify that the construction is in accordance with the zoning ordinance and the previously approved Application for Zoning Permit. Approximately one week prior to the completion of construction, mail this form to the zoning inspector. If the construction was completed in accordance with the approved zoning permit, he will approve the Certificate of Occupancy and return it to you. Temporary Certificates of Occupancy may be issued for a period not to exceed six (6) months.

To: ZONING INSPECTOR

The undersigned requests issuance of a Certificate of Occupancy for the premises as described in Zoning Permit Application No. \_\_\_\_\_, issued on \_\_\_\_\_ 19\_\_\_\_. To the best of our knowledge all construction has been in conformance with the approved zoning permit.

Date: \_\_\_\_\_ Applicant  
\_\_\_\_\_

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(For official use only)

Upon the basis of Zoning Permit Application No. \_\_\_\_\_ issued on \_\_\_\_\_, 19\_\_\_\_ made a part hereof by reference, the proposed change (is, is not) found to be in conformance with the Zoning Resolution and this Certificate is hereby (approved, denied) for the \_\_\_\_\_ District.

Date Application Received: \_\_\_\_\_

Date of Action on Application: \_\_\_\_\_

Date of Expiration if Temporary Certificate: \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Inspector

Note: This form to be filed in triplicate.

10.3

**REVOCATION OF ZONING PERMIT**

Berlin Heights, Ohio

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby advised that for the reason that: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Permit No. \_\_\_\_\_ issued on \_\_\_\_\_ 19 \_\_\_\_\_,  
is hereby revoked and declared to be null and void.

Further alteration or change in the use of any land or building  
must cease until a valid zoning permit has been obtained. Further  
alteration or change is punishable under Section 31.14 of the  
zoning ordinance.

Please contact this office so we may discuss this matter.

\_\_\_\_\_, Ohio

\_\_\_\_\_  
Zoning Inspector

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(For official use only)

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Date of Action or Application: \_\_\_\_\_ Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Inspector

10.4

**APPLICATION FOR ZONING AMENDMENT**

Berlin Heights, Ohio

Application No. \_\_\_\_\_

1. **Name of Applicant** \_\_\_\_\_

**Agent** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

2. **Locational Description: Subdivision Name** \_\_\_\_\_

**Section** \_\_\_\_\_ **Township** \_\_\_\_\_ **Range** \_\_\_\_\_

**Block** \_\_\_\_\_ **Lot No.** \_\_\_\_\_

3. **Legal Description**

Contents of Legal Description shall be obtained by acquiring a signed deed or a signed statement disclosing such information as would be found on a deed.

4. **Survey Sketch**

The property in question shall be surveyed by a registered surveyor, and is as set forth on the accompanying sketch two (2) copies of which shall show the following pertinent information:

- (a) North pointer on sketch
- (b) Dimensions on all lines and bearings shown where necessary
- (c) All lines shall be labeled to aid in checking parcel descriptions, such as county line, township line, section line, lot line, center line or any other line which may require identifications
- (d) Proposed area of parcel subject to requested rezoning
- (e) Sketch shall bear surveyor's seal

5. **Existing Use** \_\_\_\_\_

6. **Present zoning district** \_\_\_\_\_

7. **Proposed use** \_\_\_\_\_

8. Proposed zoning district \_\_\_\_\_

9. Supporting Information: Attach the following items to the application:

- (a) A list of all property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed rezoning
- (b) A statement of how the proposed rezoning relates to the comprehensive plan
- (c) The proposed amendment to the zoning map or text in ordinance form, approved as to form by the Village legal advisor

Date \_\_\_\_\_ Applicant \_\_\_\_\_

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(For official use only)

Date Filed \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Date of Notice in Newspaper \_\_\_\_\_

Date of Notice to Adjacent Property Owners (if required)  
\_\_\_\_\_

Date Notice in Newspaper \_\_\_\_\_

Date Meeting of Village Planning Commission \_\_\_\_\_

Recommendation of Village Planning Commission \_\_\_\_\_

Date of Notice in Newspaper \_\_\_\_\_

Date of Hearing by Village Council \_\_\_\_\_

Recommendation of Village Council \_\_\_\_\_

10.5

NOTICE OF ZONING ACTION TO  
ADJOINING PROPERTY OWNER

Dear Adjoining Property Owner:

A request (a) to rezone (b) for a variation has been filed with the \_\_\_\_\_ by \_\_\_\_\_ . The property in question is located at:

The request, if granted, would permit the applicant to use the property in the following manner:

The Board of Appeals will hold a public hearing on this application on \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ M. in \_\_\_\_\_.

All persons desiring to object should file a written objection thereto before such hearing with the undersigned Board and should appear at the hearing to present their objection.

If represented by counsel, the petitioner and the Board of Appeals must be notified not less than seven (7) days prior to the date of the hearing that said counsel will be present to object.



10.6

**APPLICATION FOR TEMPORARY USE PERMIT**

Berlin Heights, Ohio

Application No. \_\_\_\_\_

The undersigned applies for a temporary use permit for the use and the time period specified, such permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information herein and attachments hereto are true and correct.

1. **Locational Description:** Attach a graphic description of the property on which the temporary use is proposed to occur, to include a site plan depicting the yard(s), setback(s), parking facilities and sanitary facilities and the location of the temporary use proposed.

2. **Name of Owner:** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Business \_\_\_\_\_

3. **Existing Use:** \_\_\_\_\_

4. **Property Presently Zoned As:** \_\_\_\_\_

5. **Description of Proposed Temporary Use:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. **Date(s) of Proposed Temporary Use:** \_\_\_\_\_

7. **Name of Applicant/Organization:** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Business \_\_\_\_\_

Vendor's License Number \_\_\_\_\_ (attach photocopy)

Signature \_\_\_\_\_ Date \_\_\_\_\_

10.7

**NOTICE OF ZONING VIOLATION**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby advised that you are in violation of the \_\_\_\_\_  
Zoning Ordinance. The nature of this violation is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are further informed that unless this violation is corrected  
or otherwise made to comply by \_\_\_\_\_, 19\_\_\_\_, you will be  
subject to the penalty as provided by Section 31.19 of the  
\_\_\_\_\_ Zoning Ordinance.

Please contact this office so that we may discuss the violation.

\_\_\_\_\_  
Zoning Inspector

10.8

**NONCONFORMING CERTIFICATE**

Berlin Heights, Ohio

Certificate No. \_\_\_\_\_ Date \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Description of Property:

House number \_\_\_\_\_

Lot number \_\_\_\_\_

Extent and type of Nonconformity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason why use is nonconforming:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dimensional aggregates of nonconformity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signed Zoning Inspector

10.9

**APPLICATION FOR REASONABLE ALTERATION OR ENLARGEMENT OF A  
NONCONFORMING STRUCTURE**

Berlin Heights, Ohio

**Applicant information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Legal description of property:**

House number \_\_\_\_\_

Lot number \_\_\_\_\_

Block \_\_\_\_\_ Subdivision \_\_\_\_\_

**Please describe the existing development and how this development  
would be altered:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate the prevailing reasons for requesting an  
enlargement or alteration of the existing structure:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10.10

APPLICATION FOR APPEAL  
BOARD OF ZONING APPEALS

Berlin Heights, Ohio

Application No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Business \_\_\_\_\_

Issue addressed: Zoning Code Violation  
Zoning Permit Denial      Permit No. \_\_\_\_\_

The undersigned requests a review of the decision made by the zoning inspector on \_\_\_\_\_, 19\_\_\_. It is the applicant's contention that the following error was made in the determination of the Zoning Inspector:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant

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For official use only

Date Filed: \_\_\_\_\_

Date of Notice to Parties in Interest: \_\_\_\_\_

Date of Notice in Newspaper: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Decision of Board of Zoning Appeals: Approved \_\_\_ Denied \_\_\_

If approved, the following conditions and safeguards were prescribed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Board of Zoning Appeals Chairman

Note: One (1) copy to be filed with the Zoning Inspector and two with the Board of Zoning Appeals

10.11

**APPLICATION FOR VARIANCE  
BOARD OF ZONING APPEALS**

Berlin Heights, Ohio

Application No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Business \_\_\_\_\_

1. Locational Description: Subdivision Name \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_

Range \_\_\_\_\_ Other Designation \_\_\_\_\_

Block \_\_\_\_\_ Lot No. \_\_\_\_\_

(If not in a platted subdivision, attach a legal description)

2. Nature of Variance: Describe generally the nature of the variance \_\_\_\_\_  
\_\_\_\_\_

In addition, plans in triplicate and drawn to scale must accompany this application showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings or alterations, and any natural or topographic peculiarities of the lot in question.

3. Justification of Variance: In order for a variance to be granted, the applicant must prove to the Board of Zoning Appeals that the following items are true: (please attach these comments on a separate sheet)

- a. Special conditions exist peculiar to the land or building in question;
- b. That a literal interpretation of the ordinance would deprive the applicant of rights enjoyed by other property owners;
- c. That the special conditions do not result from previous

- actions of the applicant; and
- d. That the requested variance is the minimum variance and will allow a reasonable use of the land or buildings.

I certify that the information contained in this application and its supplement is true and correct.

Date \_\_\_\_\_ Applicant \_\_\_\_\_



10.12

APPLICATION FOR CONDITIONAL USE PERMIT  
Board of Zoning Appeals  
Berlin Heights, Ohio

Application No. \_\_\_\_\_

The undersigned requests a conditional use permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguards required by the Board. Permit is subject to Article 9 of the Zoning Ordinance.

1. Name of Applicant \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number Home \_\_\_\_\_ Business \_\_\_\_\_
2. Locational Description: Subdivision Name \_\_\_\_\_  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
Block \_\_\_\_\_ Lot No. \_\_\_\_\_
3. Existing Use \_\_\_\_\_
4. Zoning District \_\_\_\_\_
5. Description of Conditional Use \_\_\_\_\_
6. Supporting Information: Attach a plan for the proposed use (in triplicate) showing the location of building, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards and refuse and service areas. Also attach a narrative statement relative to the above requirements and also explain the economic, noise, glare and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

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For official use only

Date Filed \_\_\_\_\_  
Date of Notice to Parties in Interest \_\_\_\_\_

Date of Notice to Newspapers \_\_\_\_\_  
Date of Public Hearing \_\_\_\_\_

10.13

**CONDITIONAL USE CERTIFICATE**  
Berlin Heights, Ohio

Certificate No. \_\_\_\_\_ Date \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Description of Property

House number \_\_\_\_\_

Lot number \_\_\_\_\_

Block \_\_\_\_\_ Subdivision \_\_\_\_\_

**SUBJECT USES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A conditional use certificate for the (structure) (use) is hereby  
(granted) (denied).

If denied, suggested action \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Inspector

**ZONING**

**PERMIT**

**ZONING INSPECTOR**

**DATE ISSUED**