



APPLICATION FOR A ZONING CERTIFICATE

WEST CHESTER COMMUNITY DEVELOPMENT DEPARTMENT
9577 BECKETT ROAD • SUITE 100 • WEST CHESTER, OHIO 45069-5014



A. APPLICANT INFORMATION NAME: _____ PHONE: () _____ - _____ EMAIL: _____ APPLICANT IS THE: <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> LESSEE <input type="checkbox"/> CONTRACTOR	DATE OF APPLICATION	APPLICATION #			
B. PROPERTY INFORMATION PROPERTY ADDRESS: _____ SUITE #: _____ SECTION: ____ TOWN: ____ RANGE: ____ PARCEL #: <u>M</u> - - - - SUBDIVISION: _____ LOT #: _____ TYPE OF PROPERTY: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER					
C. PROPERTY OWNER INFORMATION NAME: _____ PHONE: () _____ - _____ ADDRESS: _____ CITY, STATE, ZIP: _____	PAYMENT INFORMATION FEE AMOUNT: \$ _____ RECEIPT #: _____				
D. CONTRACTOR INFORMATION <input type="checkbox"/> NO CONTRACTOR NAME: _____ PHONE: () _____ - _____ ADDRESS: _____ CITY, STATE, ZIP: _____	STAFF REVIEW INFORMATION REVIEWER: _____ ZONING: _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> REFUSED				
E. PROPERTY USE INFORMATION <table style="width:100%; border: none;"> <tr> <td style="width:33%; vertical-align: top;"> <u>RESIDENTIAL</u> <input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family → # of Units: _____ <u>MISCELLANEOUS NON-RESIDENTIAL</u> <input type="checkbox"/> Church/Religious <input type="checkbox"/> School/Education <input type="checkbox"/> Hospital/Nursing Home <input type="checkbox"/> Other: _____ </td> <td style="width:33%; vertical-align: top;"> <u>COMMERCIAL</u> <input type="checkbox"/> Retail Sales <input type="checkbox"/> Restaurant → <input type="checkbox"/> w/Drive-Thru <input type="checkbox"/> Banks/Financial Institutions <input type="checkbox"/> Daycare <input type="checkbox"/> Veterinary Clinic/Kennel <input type="checkbox"/> Professional/Medical Office <input type="checkbox"/> Auto Related Service <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other: _____ </td> <td style="width:33%; vertical-align: top;"> <u>INDUSTRIAL</u> <input type="checkbox"/> Warehouse/Distribution <input type="checkbox"/> Manufacturing/Processing <input type="checkbox"/> Trucking/Motor Freight Terminal <input type="checkbox"/> Contractor Storage Yard <input type="checkbox"/> Other: _____ </td> </tr> </table>			<u>RESIDENTIAL</u> <input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family → # of Units: _____ <u>MISCELLANEOUS NON-RESIDENTIAL</u> <input type="checkbox"/> Church/Religious <input type="checkbox"/> School/Education <input type="checkbox"/> Hospital/Nursing Home <input type="checkbox"/> Other: _____	<u>COMMERCIAL</u> <input type="checkbox"/> Retail Sales <input type="checkbox"/> Restaurant → <input type="checkbox"/> w/Drive-Thru <input type="checkbox"/> Banks/Financial Institutions <input type="checkbox"/> Daycare <input type="checkbox"/> Veterinary Clinic/Kennel <input type="checkbox"/> Professional/Medical Office <input type="checkbox"/> Auto Related Service <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other: _____	<u>INDUSTRIAL</u> <input type="checkbox"/> Warehouse/Distribution <input type="checkbox"/> Manufacturing/Processing <input type="checkbox"/> Trucking/Motor Freight Terminal <input type="checkbox"/> Contractor Storage Yard <input type="checkbox"/> Other: _____
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F. TYPE OF IMPROVEMENT (CHECK ALL THAT APPLY) <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Tenant Finish <input type="checkbox"/> New Use <input type="checkbox"/> Other: _____ </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Accessory Structure/Use <input type="checkbox"/> Pool: → <input type="checkbox"/> In-Ground <input type="checkbox"/> Above-Ground <input type="checkbox"/> Permanent Sign → SqFt: _____ <input type="checkbox"/> Temporary Sign → SqFt: _____ → From: _____ To: _____ <input type="checkbox"/> Fence → Height: _____ Ft. <input type="checkbox"/> Deck </td> </tr> </table>			<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Tenant Finish <input type="checkbox"/> New Use <input type="checkbox"/> Other: _____	<input type="checkbox"/> Accessory Structure/Use <input type="checkbox"/> Pool: → <input type="checkbox"/> In-Ground <input type="checkbox"/> Above-Ground <input type="checkbox"/> Permanent Sign → SqFt: _____ <input type="checkbox"/> Temporary Sign → SqFt: _____ → From: _____ To: _____ <input type="checkbox"/> Fence → Height: _____ Ft. <input type="checkbox"/> Deck	
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G. DESCRIPTION (COMMERCIAL USES ONLY) <ul style="list-style-type: none"> • Company/Business Name: _____ • Company/Business Contact Name: _____ PHONE: () _____ - _____ • Brief Description of Use or Activity (including production & manufacturing processes): _____ <hr/> <ul style="list-style-type: none"> • Does proposed use involve any solids, liquids or gases that have a degree of hazard rating in health, flammability, or reactivity of 2, 3, or 4 as ranked by the National Fire Protection Association 704? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>Explain above</i>) 					

The Owner/Lessee, and undersigned Contractor (if applicable), do hereby covenant and agree to comply with all of the laws of the State of Ohio and resolutions of West Chester Township pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

I/We the Owner/Lessee/Contractor understand that any violation of the West Chester Zoning Resolution or false information on this application or plans submitted therewith are subject to penalties provided in the West Chester Township Zoning Resolution.

Contractor Signature: _____ **Owner/Lessee Signature:** _____

Printed Name: _____ **Printed Name:** _____

Date: _____ **Date:** _____