

Liverpool Township Zoning

6801 School Street
Valley City, Ohio 44280
www.liverpooltp.org

Zoning Certificate Number _____

Application For Deck, Patio, Porch, or Accessory Building Zoning Certificate

Please Read & Complete All Sections of the Application

*The undersigned hereby applies to Liverpool Township, Medina County, Ohio for a zoning certificate for the described use. Said certificate to be issued on the basis of the information contained within this application and its attachments. This application is to be submitted to the office of the Zoning Inspector. The Applicant is **required** to submit plans 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, alterations, driveways and parking areas.*

1. Land Owner's Name _____ Home Phone _____

Mailing Address _____

Cell Phone _____ Work Phone _____ Email _____

2. Property Address (If Same Put Same) _____

3. Permanent Parcel Number _____

4. Builder's Name _____ Work Phone _____

5. Reason for Zoning Certificate: _____ Deck, Patio, Porch _____ Accessory Building

6. Zoning District (Check One): Residential _____ Commercial _____ Manufacturing _____

7. Dimensions of Proposed Building:

Width _____ Feet Height _____ Feet

Length _____ Feet Total Area _____ Sq. Ft.

8. Shortest Distance from Proposed Building to Road Right Of Way _____ Feet

Shortest Distance from One Side Lot Line to Proposed Building _____ Feet

Shortest Distance from Other Side Lot Line to Proposed Building _____ Feet

Shortest Distance from Rear Yard Lot Line to Proposed Building _____ Feet

Shortest Distance from Closest Existing Building On Property _____ Feet

(Continued on Reverse Side)

9. Approximate Construction Cost \$ _____

10. Is All/Part Of Proposed Building/Lot Located In The Flood Plain? _____

If Yes What Portion? _____

IT IS UNDERSTOOD AND AGREED THAT ANY ERROR, MISSTATEMENT, MISREPRESENTATION OF FACT OR EXPRESSION OF FACT, WHETHER INTENDED OR NOT, THAT WOULD CAUSE A ZONING CERTIFICATE TO BE ISSUED, THAT WOULD OTHERWISE BE DENIED, SHALL CONSTITUTE SUFFICIENT GROUND FOR REVOCATION OF ZONING CERTIFICATE AT ANY TIME. THE APPLICANT HEREBY CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION AND ITS ATTACHMENTS ARE TRUE AND CORRECT. THE APPLICANT FURTHERMORE UNDERSTANDS THAT THIS CERTIFICATE SHALL BECOME NULL AND VOID AND OF NO EFFECT ONE (1) YEAR FROM THE DATE OF ISSUANCE UNLESS CONSTRUCTION IS STARTED.

Signature _____ Date _____

****THERE WILL BE NO FEES REFUNDED AFTER RECORDING BY THE TOWNSHIP CLERK****

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Date Received _____ Fee Paid \$ _____ Check Number _____

Date of Action on Application _____ Approved _____ Denied _____

If Application Is Denied, Reason For Denial _____

Liverpool Township Zoning Inspector _____