

Liverpool Township Zoning

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

Application Number _____

CDZ Subdivision Zoning Application

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.*

Name of Applicant _____ Home Phone _____

Mailing Address Applicant _____

Cell Phone _____ Email _____

Name of Property Owner _____ Home Phone _____

Mailing Address Property Owner _____

Cell Phone _____ Email _____

Location Description:

Property Address _____

Property Parcel Number _____ Total Acreage _____

Serviced or Un-Serviced (Circle One)

Factor Used in Unit Density Calculation 1.2 or 2.25 (Circle One)

Percentage of Land for Permanent Open Space _____%

The submitted drawings in accordance with **Section 216(C)** and the other provisions of **Section 306.3** shall include:

1. Area(s) designated as Open Space
2. Method of Screening

- 3. Acreage and location of all proposed lots
- 4. Existing Buildings
- 5. Buffer Areas
- 6. Proposed Drives and/or Streets
- 7. Approximate location of planned dwelling units and accessory buildings on proposed lots

Setback of Dwellings from Public Road Right-of-Way _____
 (Minimum 300 feet)

The applicant shall provide an attachment for each of the following items:
(Please Provide 10 Copies)

- 1. Provide a brief description of the mechanisms through which any permanent open space and any facilities owned in common are to be owned and maintained.
- 2. Describe provisions for construction, administration, and maintenance of any private streets and/or common driveways.
- 3. Indicate environmentally critical areas and features as well as areas of potentially scenic views.
- 4. Results of preliminary discussions with the Medina County Health Department.
- 5. Distance of private street entrance from the existing street or road intersection measured from the nearest street centerline (if applicable): _____ (Minimum 150 Feet).

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.

Signature of Applicant _____ Date _____

****No Fees Refunded After Recording by the Township Fiscal Officer****

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Signature of Owner _____ Date _____

Fee Paid _____ Cash _____ Check # _____

Signature of Zoning Inspector _____ Date _____