

Liverpool Township Zoning

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

Zoning Certificate Number _____

Application For Change Of Use Or Occupancy

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 _____
Occupant's Name _____ Home Phone _____
Mailing Address _____
Cell Phone _____ Work Phone _____ Email _____
2. Location of Property _____
3. Permanent Parcel Number _____
4. Reason for Zoning Certificate: _____ Change of Use/Occupancy _____
5. Current Use of Building: _____
5. Proposed Use of Building(s) and/or Lot _____
6. Dimensions of Building:
Width _____ Feet Office _____ Square Feet
Length _____ Feet Total Area _____ Square Feet
Height _____ Feet
7. Lot Dimensions: Frontage _____ Feet
Area in Acres _____
8. Check One: Sanitary Sewer _____ On Site Septic _____

(Continue on Reverse Side)

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: _____

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

+++++

Date Received _____ Fee Paid \$_____ Check Number _____

Date of Action on Application _____ Approved _____ Denied _____

If Application Is Denied, Reason For Denial:

Signature of Liverpool Township Zoning Inspector _____