

# Liverpool Township Zoning

6801 School Street  
Valley City, Ohio 44280  
[www.liverpooltwp.org](http://www.liverpooltwp.org)

Application Number \_\_\_\_\_

## Application For A Conditional 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. Name of Applicant \_\_\_\_\_ Home Phone \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Name of Owner \_\_\_\_\_ Home Phone \_\_\_\_\_

4. Mailing Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

5. Property Parcel Number: \_\_\_\_\_

Acreage of Parcel: \_\_\_\_\_

Present Zoning District: \_\_\_\_\_

Present Use of Property: \_\_\_\_\_

6. Conditional Zoning Use Requested (Describe, Use Additional Sheets If Necessary):  
\_\_\_\_\_  
\_\_\_\_\_

7. Effect On Surrounding Areas (Describe, Use Additional Sheets If Necessary):  
\_\_\_\_\_  
\_\_\_\_\_

The Board of Zoning Appeals will process this application at a Public Hearing.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Check Number \_\_\_\_\_

Liverpool Township Zoning Inspector \_\_\_\_\_ Date \_\_\_\_\_

# Site Plan Review

Liverpool Township  
Medina County, Ohio

This application must be prepared and submitted as an attachment to all applications for a zoning certificate requesting commercial, industrial, manufacturing and conditionally permitted uses. Submit a site plan drawing to scale, showing: **(Please Submit 10 Copies of All Plans, Drawings, Pictures, Etc.)**

- A) Topography
- B) Existing and proposed building(s) location
- C) Existing and proposed use(s) of the building(s)
- D) Parking lot spaces, aisles, and loading platforms
- E) Landscaping plans
- F) Architectural drawings
- G) Signs and exterior lighting
- H) Outside storage areas including trash areas

Prepare a narrative description of the proposed activity or operation in sufficient detail so that an in depth evaluation can be made. Special attention must be given to the areas of:

- A) Noise levels and lighting intensity
- B) Emission of smoke, dust, ashes, and gases
- C) Odors – their source and control
- D) Disposal of industrial wastes into the sanitary sewer or watercourses
- E) Storage of industrial products or wastes containing poisonous, corrosive, flammable, or explosive materials.

The applicant hereby certifies that all the information submitted as attachments to this application is true and correct.

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

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Date Received: \_\_\_\_\_ Zoning Certificate Application: \_\_\_\_\_

Zoning Commission/Board of Zoning Appeals Meeting Date: \_\_\_\_\_

Modifications and/or Conditions: None: \_\_\_\_\_ Noted And Changes Attached: \_\_\_\_\_

This Site Plan: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Approved with Changes \_\_\_\_\_

The Applicant Agrees To All Modifications and/or Conditions as Specified.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Zoning Inspector: \_\_\_\_\_ Date: \_\_\_\_\_