

Liverpool Township Zoning

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

Application For Zoning Certificate - Sign

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 sign(s) along with a drawing or picture of the proposed sign, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed sign.*

Zoning Certificate Number _____

1. Land Owner's Name _____ Home Phone: _____
Mailing Address _____
Cell Phone _____ Work Phone _____ Email _____
2. Location of Lot _____
Permanent Parcel Number _____
3. Type of Sign Being Applied for (*ie* Pole Sign): _____
4. Zoning District (**Check One**): Commercial _____ Manufacturing _____
Industrial _____ Residential _____
5. Existing Use of Building(s) and/or Lot _____
6. Dimensions of Proposed Sign: Width _____ Feet Height _____ Feet
Area _____ Square Feet
Set Back From Right of Way _____ Feet

(Continued on the Other 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 of Applicant: _____ Date: _____

Do Not Write Below This Line

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**** No Refunding of Fees after Recording by the Township Fiscal Officer****

Date Received: _____ Fee Paid: \$ _____ Cash _____ Check Number: _____

Date of Action Application: _____ Approved _____ Denied _____

If Application Is Denied, Reason For Denial: _____

Signature of Liverpool Township Zoning Inspector: _____