

# Liverpool Township Zoning

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

Zoning Certificate Number \_\_\_\_\_

## Application For Type I Home Occupation

### **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 dwelling on the lot, and the location and dimensions of the proposed office within the dwelling.*

1. Land Owner's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

2. Location of Property \_\_\_\_\_

3. Permanent Parcel Number \_\_\_\_\_

4. Reason for Zoning Certificate: \_\_\_\_\_ Type I Home Occupation \_\_\_\_\_

5. Nature of Business: \_\_\_\_\_

6. Dimensions of Dwelling/Building:

Office Width \_\_\_\_\_ Feet

Office Depth \_\_\_\_\_ Feet

Total Office Area \_\_\_\_\_ Sq. Ft.

7. Lot Dimensions: Frontage \_\_\_\_\_ Feet

Area in Acres \_\_\_\_\_

(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 \_\_\_\_\_

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

***(Do Not Write Below This Line)***

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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 \_\_\_\_\_