

FORM NO. 6
NOTICE OF APPEAL
APPEAL NO. _____
ALLEGING ERROR BY THE ZONING INSPECTOR
CHESTER TOWNSHIP

NOTE: ALL INFORMATION MUST BE COMPLETED (SECTIONS 1, 2, 4, 5 AND SECTION 3 IF APPLICABLE.) BEFORE THIS APPEAL CAN BE PUT ON THE BOARD OF ZONING APPEAL'S AGENDA.

This form must be filed with the zoning secretary at least three (3) weeks before the scheduled meeting to permit zoning inspector time to review each application and to allow time for the ten (10) days of public notification required by the Ohio Revised Code.

THIS APPLICATION SHALL BE COMPLETED BY THE APPELLANT (PLEASE PRINT)

SECTION 1-GENERAL INFORMATION	For Official Use: <input type="checkbox"/> Section One is Complete.
NAME OF APPELLANT: _____	
ADDRESS: _____	SUITE NUMBER: _____
CITY: _____	STATE: _____
HOME TELEPHONE NO.: _____	BUSINESS TELEPHONE NO.: _____
ADDRESS OF LOT (IF DIFFERENT FROM APPELLANT'S CURRENT ADDRESS): _____ _____	
NAME OF OWNER OF RECORD*: _____	
ADDRESS: _____	SUITE NUMBER: _____
CITY: _____	STATE: _____
HOME TELEPHONE NO.: _____	BUSINESS TELEPHONE NO.: _____
*If the name of the appellant is different from that of the owner of record, then you must provide documentation as to authority (standing) to make application (e.g., deed, contract, power of attorney, lease, or purchase agreement), and the signature of the legal owner.	
LOT PRESENTLY ZONED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL/ SHOPPING CENTER <input type="checkbox"/> INDUSTRIAL	
EXISTING USE OF LOT: _____	
PROPOSED USE OF LOT: _____	
PLEASE ATTACH THE FOLLOWING AND CHECK THE APPROPRIATE BOX WHEN COMPLETE:	
<input type="checkbox"/> 1. The names of all lot owners within 500 feet of the perimeter of the lot from the County Auditor's current tax list (GIS). This list will be provided by the Zoning Inspector.	
<input type="checkbox"/> 2. A legal description of the lot, as recorded with the Geauga County Recorder.	
<input type="checkbox"/> 3. A list of any expert witnesses, and their fields of expertise, that will be called in support of the variance.	

SECTION 4-PLANS AND MAPS

For Official Use: Section Four is Complete.

ATTACH SEVEN (7) COPIES OF A PLOT PLAN OR MAP, DRAWN TO SCALE (WITH SCALE INDICATED), WITH A NORTH ARROW AND DATE SHOWING THE FOLLOWING INFORMATION:

CHECKBOXES ARE FOR OFFICIAL USE ONLY:

- 1. The dimensions (in feet) of all lot lines and the total acreage of the lot.
- 2. The dimensions and elevations (in feet) of all existing buildings or structures on the lot, if any.
- 3. The setback (in feet) from all lot lines of existing buildings or structures on the lot, if any.
- 4. The dimensions and elevations (in feet) of **proposed** buildings or structures on the lot or of any addition or structural alteration to existing buildings or structures. Exterior front, side, and rear views must be provided. A blueprint or similar accurate building plan [11" X 17"] of proposed buildings or additions is required.
- 5. The total amount of square feet of floor space **for each floor** of **proposed** buildings or structures on the lot **or** of any addition or structure alteration to existing buildings or structures.
- 6. The setback (in feet) from all lot lines of proposed buildings or structures on the lot or of any addition or structural alteration to existing buildings or structures.
- 7. The height (in feet) of existing buildings or structures on the lot.
- 8. The height (in feet) of all proposed buildings or structures on the lot **or** of any addition or structural alteration to existing buildings or structures.
- 9. The name and location of the existing road(s), public and private, adjacent to the lot.
- 10. The number of dwelling units existing (if any) and proposed for the lot.
- 11. The location, dimensions (in feet), and number of parking spaces existing (if any) and proposed.
- 12. **FOR COMMERCIAL, SHOPPING CENTER, AND INDUSTRIAL USES:** The location, dimensions (in feet), and number of loading/unloading spaces.
- 13. The location and dimensions (in feet) of any existing or proposed easements on the lot.
- 14. The location and description of existing and proposed landscaping and buffer areas on the lot.
- 15. The existing topography of the lot, at contour levels of two (2) feet, and a final grading plan.
- 16. The locations of all exterior lighting fixtures to include their initial lumen ratings and _ documentation that they are, and will be installed as, full cutoff fixtures (if 2,500 initial lumens or greater) as defined in the Zoning Resolution.
- 17. Provide a copy of the driveway culvert pipe permit issued by the appropriate governmental authority, if applicable.
- 18. Documentation shall be provided that the appropriate governmental agency has approved the sewage treatment facility to serve the proposed use on the lot.
- 19. **For lots under five (5) acres:** Provide an erosion control plan as discussed with the Zoning Inspector. **For lots five (5) acres and over:** Provide two (2) copies of the approval letter or permit, as applicable, from the Geauga Soil and Water Conservation District concerning the stormwater management and erosion control plan as required in the Zoning Resolution.

SECTION 5-SIGNATURE

For Official Use: Section Five is Complete.

I hereby certify that all of the information supplied in this application and attachments hereto are true and correct to the best of my knowledge, information, and belief.

I hereby acknowledge that the penalty for falsification is imprisonment for not more than six (6) months, or a fine of not more than one thousand dollars (\$1,000), or both.

I hereby acknowledge that all zoning fees are non-refundable.

APPELLANT'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____

FOR OFFICAL USE ONLY:

ALL SECTIONS ARE COMPLETE:

THIS APPLICATION IS INCOMPLETE (MORE INFORMATION NEEDS TO BE PROVIDED): DATE: _____

BOARD OF ZONING APPEAL CASE NUMBER: _____

ZONING CERTIFICATE APPLICATION NUMBER AND DATE FILED: _____

DATE NOTICE FILED WITH ZONING INSPECTOR: _____

DATE NOTICE FILED WITH BOARD OF ZONING APPEALS: _____

DATE NOTICE SENT TO INTERESTED PARTIES: _____

DATE NOTICE PUBLISHED IN NEWSPAPERS: _____

PROVIDE NAME(S) OF NEWSPAPERS _____

DATE OF PUBLIC HEARING: _____

AMOUNT OF FEE PAID: \$ _____ DATE PAID: _____ CASH CHECK # _____

I HEREBY ACKNOWLEDGE THE RECEIPT OF THIS NOTICE OF APPEAL REQUESTING A
VARIANCE THIS _____ DAY OF _____, 20_____.

SIGNATURE OF CHAIRMAN OR SECRETARY

PRINT NAME