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: Section One is Complete.	
NAME OF APPLELLANT:		
ADDRESS:	SUITE NUMBER:	
CITY:	_STATE:	
HOME TELEPHONE NO .:BUSINESS TEL	LEPHONE NO.:	
EMAIL: ADDRESS OF LOT (IF DIFFERENT FROM APPELLANT'S CURRENT ADDRESS):		
NAME OF OWNER OF RECORD*:		
ADDRESS:		
CITY:	_STATE:	
HOME TELEPHONE NO.:BUSINESS TEL	LEPHONE NO.:	
*If the name of the appellant is different from that of the owner of record, then your 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: RESIDENTAL COMMERCIAL/ SH	OPPING CENTER INDUSTRIAL	
EXISTING USE OF LOT:		
PROPOSED USE OF LOT:		
 PLEASE ATTACH THE FOLLOWING AND CHECK THE APPROP 1. The names of all lot owners within 500 feet of the perimeter of the lot list (GIS). This list will be provided by the Zoning Inspector. 2. A legal description of the lot, as recorded with the Geauga County Red 3. A list of any expert witnesses, and their fields of expertise, that will be 	from the County Auditor's current tax corder.	

SECTION 2-DESCRIPTION OF ERROR

For Official Use: Section Two is Complete.

1. The following error was made by the zoning inspector in his/her determination of the application for the zoning certificate:

SECTION 3-SIGN VARIANCE

For Official Use: Section Three is Complete.

NOTE: COMPLETE ONLY IF APPEALING A SIGN

FOR AN APPEAL REQUESTING VARIANCE TO SIGN REGULATIONS, PROVIDE THE FOLLOWING INFORMATION. ATTACH SEVEN (7) COPIES OF A DRAWING, DRAWN TO SCALE (WITH SCALE INDICATED) AND DATED, SHOWING:

- 1. The dimensions (in feet) of the sign.
- 2. The area of the sign in square feet.
- 3. The location of the sign on the building, structure, or lot including dimensions (in feet) from the front and side lot lines.
- 4. The height (in feet) of the sign.
- 5. The method of illumination, if any, to include a description of how any exterior light fixture for the sign will be shielded so as to prevent direct light being emitted beyond the boundaries of the sign as required by the Zoning Resolution.
- 6. The dimensions of the lettering and/or the elements of the matter displayed (e.g. a logo).

INDICATED), WITH A NORTH ARROW AND DATE SHOWING THE FOLLOWING INFORMATION: 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, of any addition or structural alteration to existing 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 atructures. 5. The total amount of square feet of floor space for each floor of proposed buildings or structures. 6. The setback (in feet) from all lot lines of proposed buildings or structures. 7. The height (in feet) of all proposed buildings or structures. 8. The height (in feet) of all proposed 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 parking spaces. 13. The location and discription of existing and proposed landscaping and buffer areas on the lot. 14. The location of the treiror lighting fixtures to include ther initial lumen ratings and _ docume	SECTIO	ON 4-PLANS AND MAPS	For Official Use: Section Four is Complete.		
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		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] 19. For lots under five (5) acres: Provide an erosion contr	ol 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.		stormwater management and erosion control plan as re-	quired 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 then 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:_____DATE:_____

PRINT NAME:

FOR OFFICAL USE ONLY:

ALL SECTIONS ARE COMPLETE:		
THIS APPLICATION IS INCOMPLETE (MORE INFORMATION NEEDS TO BE PROVIDED):		
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