

FORMS

APPENDIX A

<u>APPLICATION FOR A ZONING CERTIFICATE</u>	1
<u>ZONING CERTIFICATE</u>	4
<u>NOTICE OF VIOLATION</u>	5
<u>COMPLAINT OF ZONING VIOLATION</u>	6
<u>REVOCAION OF ZONING CERTIFICATE</u>	7
<u>STOP ZONING VIOLATION</u>	8
<u>APPLICATION FOR A CONDITIONAL ZONING CERTIFICATE</u>	9
<u>NOTICE OF PUBLIC HEARING TO NEWSPAPER</u>	12
<u>NOTICE OF PUBLIC HEARING TO PROPERTY OWNER</u>	13
<u>CONDITIONAL ZONING CERTIFICATE</u>	14
<u>REVOCAION OF CONDITIONAL ZONING CERTIFICATE</u>	15
<u>NOTICE OF APPEAL</u>	16
<u>NOTICE OF PUBLIC HEARING TO NEWSPAPER</u>	21
<u>NOTICE OF PUBLIC HEARING TO PROPERTY OWNER</u>	22
<u>NOTICE OF APPEAL</u>	23
<u>NOTICE OF PUBLIC HEARING TO PROPERTY OWNER</u>	27
<u>NOTICE OF PUBLIC HEARING TO NEWSPAPER</u>	28
<u>FINDINGS OF FACT RELATING TO APPEAL FOR VARIANCE</u>	29
<u>DECISION RELATING TO APPEAL FOR VARIANCE NO</u>	31
<u>NOTICE OF ACTION</u>	32
<u>APPLICATION FOR A ZONING AMENDMENT</u>	33
<u>MOTION TO INITIATE AMENDMENT</u>	35
<u>MOTION TO INITIATE AMENDMENT</u>	36
<u>RESOLUTION TO INITIATE AMENDMENT</u>	37
<u>RESOLUTION TO INITIATE AMENDMENT</u>	38
<u>CERTIFICATION OF RESOLUTION</u>	39
<u>MOTION TO SET DATE FOR PUBLIC HEARING ON</u>	40
<u>NOTICE OF PUBLIC HEARING</u>	42
<u>NOTICE OF PUBLIC HEARING</u>	44
<u>TRANSMISSION OF COPY OF (RESOLUTION) (MOTION) (APPLICATION) FOR PROPOSED AMENDMENT TO ZONING RESOLUTION TOGETHER WITH TEXT (AND MAP) PERTAINING THERETO TO COUNTY PLANNING COMMISSION</u>	45
<u>RECOMMENDATION OF TOWNSHIP ZONING COMMISSION</u>	47
<u>SUBMISSION OF RECOMMENDATION OF TOWNSHIP ZONING COMMISSION ON PROPOSED AMENDMENT TO ZONING RESOLUTION TOGETHER WITH (RESOLUTION) (MOTION)</u>	

FORMS

APPENDIX A

<u>(APPLICATION), AND TEXT (AND MAP) PERTAINING THERETO AND THE RECOMMENDATION OF THE COUNTY PLANNING COMMISSION TO THE BOARD OF TOWNSHIP TRUSTEES</u>	49
<u>NOTICE OF PUBLIC HEARING ON (MOTION) (RESOLUTION) (APPLICATION) PROPOSING TO AMEND THE CLARIDON TOWNSHIP ZONING RESOLUTION</u>	50
<u>NOTICE OF PUBLIC HEARING ON (MOTION) (RESOLUTION) (APPLICATION) PROPOSING TO AMEND THE CLARIDON TOWNSHIP ZONING RESOLUTION</u>	51
<u>(ADOPTION) (DENIAL) (ADOPTION OF MODIFICATION) OF RECOMMENDATIONS OF ZONING COMMISSION BY BOARD OF TOWNSHIP TRUSTEES</u>	52
<u>FILING OF ZONING AMENDMENT ADOPTED BY CLARIDON TOWNSHIP BOARD OF TOWNSHIP TRUSTEES WITH GEAUGA COUNTY RECORDER</u>	54
<u>FILING OF ZONING AMENDMENT ADOPTED BY CLARIDON TOWNSHIP BOARD OF TOWNSHIP TRUSTEES WITH GEAUGA COUNTY PLANNING COMMISSION</u>	55

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS APPLICATION FOR ZONING CERTIFICATE

APPLICATION FOR A ZONING CERTIFICATE

CLARIDON TOWNSHIP

The undersigned hereby applies for a zoning certificate for the following described use, said certificate to be issued by the township zoning inspector on the basis of the information contained within this application.

THIS APPLICATION SHALL BE COMPLETED BY THE APPLICANT.

- A. Name of Applicant: _____
Address of Applicant: _____
Telephone Number of Applicant: _____
- B. Name of Owner of Record: _____
Address of Owner of Record: _____
Telephone Number of Owner of Record: _____
- C. Address of the Lot: _____
(if different from applicant's current address)
- D. Attach documentation as to authority to make application (e.g. deed, power of attorney, lease, or purchase agreement).
- E. Attach a legal description of the lot, as recorded with the Geauga County Recorder.
- F. Provide the current zoning district in which the lot is located: _____

- G. Provide a description of the existing use of the lot: _____

- H. Provide a description of the proposed use of the lot: _____

- I. Attach two (2) copies of a plan or map, drawn to scale, 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, 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.
 - 5. The total amount of square feet of floor space for each floor of proposed buildings or

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS

APPLICATION FOR ZONING CERTIFICATE

structures on the lot or of any addition or structural 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 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 and restricted 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 intervals of two (2) feet, and a final grading plan.
 16. The location of any exterior lighting fixtures, their maximum lumens and documentation that they are, and will be installed as, full cutoff fixtures.
 17. For commercial and industrial uses: the location and dimensions of any exterior display, sales, or storage areas on the lot.
 18. The location and dimensions of a fire protection pond and dry hydrant, if applicable.
- J. Provide the type and design of any sign(s)
1. Attach two (2) copies of a drawing, drawn to scale and dated, showing the following information:
 - a. The dimensions (in feet) of the sign.
 - b. The area of the sign (per sign face) in square feet.
 - c. The location of the sign on the building, structure, or lot including dimensions (in feet) from the front lot line(s).
 - d. The height (in feet) of the sign.
 - e. The method of illumination, if any.
 - f. The dimensions of the lettering and/or the elements of the matter displayed (e.g. a logo).
- K. Two (2) copies of an erosion control plan as required by Section 400.03 of this resolution or written documentation of plan approval from the Geauga Soil and Water Conservation District.
- L. Provide a copy of the driveway culvert pipe permit issued by the appropriate governmental authority, if applicable.
- M. Documentation shall be provided that the appropriate governmental agency has approved the sewage treatment facility to serve the proposed use on the lot.

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS APPLICATION FOR ZONING CERTIFICATE

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 I understand that the penalty for falsification is imprisonment for not more than six (6) months, or a fine of not more than one thousand dollars (\$1,000.00), or both.

I hereby consent to the inspection of the subject property and of any buildings or structures to be constructed thereon by the township zoning inspector during construction and within thirty (30) days from the completion of any buildings or structures.

I hereby acknowledge that I understand that if the construction or use described in the zoning certificate has not begun within six (6) months from the date of issuance or if construction has begun within six (6) months and said construction has not been completed within two (2) years from the date of issuance, said zoning certificate shall be revoked by the township zoning inspector.

Applicant's Signature

Print Name: _____

Date

FOR OFFICIAL USE ONLY

Application Number: _____

Zoning Certificate Number: _____

Date Application Received: _____

Amount of Fee Paid: \$ _____

Date of Action on Application: _____

Date Application Approved: _____

Date Zoning Certificate Issued: _____

Date Application Disapproved: _____

If Application Disapproved, Reasons for Disapproval (Cite Section Number): _____

I hereby acknowledge the receipt of this application for a zoning certificate this _____ day of _____, 20 ____.

Signature of Township Zoning Inspector

Print Name: _____

ZONING CERTIFICATE

CLARIDON TOWNSHIP

No. _____

ISSUED TO: _____

ADDRESS OF APPLICANT: _____

ADDRESS OF PROPERTY (if different from above): _____

ZONING CLASSIFICATION: _____

DESCRIPTION OF USE: _____

Signature of Township Zoning Inspector

Print Name: _____

Date

NOTE: THIS CERTIFICATE MUST BE POSTED ON THE PROPERTY.

NOTICE OF VIOLATION

CLARIDON TOWNSHIP

Date: _____

TO:

You are hereby advised that you are in violation of article _____, section _____, paragraph _____ of the _____ Township Zoning Resolution.

The nature of the violation is as follows:

You are further informed that unless this violation is corrected or otherwise made to comply by _____, 20 ____, the appropriate legal action will be taken and you will be subject to the penalty as provided by the _____ Township Zoning Resolution and the O.R.C.

Signature of Township Zoning Inspector

Print Name: _____

Address

Telephone Number

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS COMPLAINT OF ZONING VIOLATION

COMPLAINT OF ZONING VIOLATION
CLARIDON TOWNSHIP

This complaint is voluntarily given to the _____ Township Zoning Inspector this _____ day of _____, 20 ____.

THIS COMPLAINT SHALL BE COMPLETED BY THE COMPLAINANT

Describe below the alleged uses being made of the property, or the scope of the alleged zoning violation, giving exact date(s) and time(s) where possible.

Provide the address or location of the property for which the complaint is being filed:

I hereby state that all of the information provided in this complaint is true and correct to the best of my knowledge, information, and belief.

Complainant's Signature

Print Name: _____

Address

Date

Telephone Number

.....
FOR OFFICIAL USE ONLY

I hereby acknowledge the receipt of this complaint this _____ day of _____, 20 ____.

Signature of Township Zoning Inspector

Print Name: _____

Date

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS REVOCATION OF ZONING CERTIFICATE

REVOCATION OF ZONING CERTIFICATE

CLARIDON TOWNSHIP

Date: _____

TO:

You are hereby advised that zoning certificate number _____ issued on _____, 20____ is hereby revoked and declared null and void.

Said certificate has been revoked for the following reason(s):

Further use of the buildings, structures, or premises shall cease until a valid zoning certificate has been obtained.

Signature of Township Zoning Inspector

Print Name: _____

Address

Telephone Number

STOP ZONING VIOLATION

CLARIDON TOWNSHIP

No. _____

NATURE OF SUCH VIOLATION BEING: _____

Signature of Township Zoning Inspector

Print Name: _____

Date

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS APPLICATION FOR A CONDITIONAL ZONING CERTIFICATE

APPLICATION FOR A CONDITIONAL ZONING CERTIFICATE

CLARIDON TOWNSHIP

The undersigned hereby applies for a conditional zoning certificate for the following described use, said certificate to be issued by the township zoning inspector on the basis of the information contained within this application.

THIS APPLICATION SHALL BE COMPLETED BY THE APPLICANT.

- A. Name of Applicant: _____
Address of Applicant: _____
Telephone Number of Applicant: _____
- B. Name of Owner of Record: _____
Address of Owner of Record: _____
Telephone Number of Owner of Record: _____
- C. Address of the Lot: _____
(if different from applicant's current address)
- D. Attach the names and addresses of all parties in interest from the County Auditor's current tax list (all lots adjacent to and directly across the street from the subject lot).
- E. Attach documentation as to authority to make application (e.g. deed, power of attorney, lease, or purchase agreement).
- F. Attach a legal description of the lot, as recorded with the Geauga County Recorder.
- G. Provide the current zoning district in which the lot is located: _____

- H. Provide a description of the existing use of the lot: _____

- I. Provide a description of the proposed use of the lot: _____

- J. Attach two (2) copies of a plan or map, drawn to scale, 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, 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.
 - 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 structural alteration to existing buildings or structures.

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS APPLICATION FOR A CONDITIONAL ZONING CERTIFICATE

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 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 and restricted 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 intervals of two (2) feet, and a final grading plan.
 16. The location of any exterior lighting fixtures, their maximum lumens and documentation that they are, and will be installed as, full cutoff fixtures.
 17. For commercial and industrial uses: the location and dimensions of any exterior display, sales, or storage areas on the lot.
 18. The location and dimensions of a fire protection pond and dry hydrant, if applicable.
- K. Provide a copy of the driveway culvert pipe permit issued by the appropriate governmental authority.
- L. Documentation shall be provided that the appropriate governmental agency has approved the sewage treatment facility to serve the proposed use on the lot.
- M. Two (2) copies of an erosion control plan as required by Section 400.03 of this resolution or written documentation of plan approval from the Geauga Soil and Water Conservation District.

The "General Standards for Conditional Uses" listed under section 709.00 may apply and may be required as a part of the application.

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 I understand that the penalty for falsification is imprisonment for not more than six (6) months, or a fine of not more than one thousand dollars (\$1,000.00), or both.

I hereby consent to the inspection of the subject property and of any buildings or structures to be constructed thereon by the township zoning inspector during construction and within thirty (30) days from the completion of any buildings or structures.

I hereby acknowledge that I understand that if the construction or use described in the conditional zoning certificate has not begun within six (6) months from the date of issuance or if construction has begun within six (6) months and said construction has not been completed

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS APPLICATION FOR A CONDITIONAL ZONING CERTIFICATE

within two (2) years from the date of issuance, said conditional zoning certificate shall be revoked by the township zoning inspector.

Applicant's Signature

Print Name: _____

Date

FOR OFFICIAL USE ONLY

Application Number: _____

Conditional Zoning Certificate Number: _____

Date Application Received: _____

Amount of Fee Paid: \$ _____

Date of Public Hearing: _____

Date of Notice to Parties in Interest: _____

Date of Notice of Hearing in Newspaper: _____

(provide name of newspaper)

Date of Action on Application: _____

Date Conditional Zoning Certificate Issued: _____

I hereby acknowledge the receipt of this application for a conditional zoning certificate this _____ day of _____, 20 ____.

Signature of Township Zoning Inspector

Print Name: _____

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS NOTICE OF PUBLIC HEARING TO NEWSPAPER

NOTICE OF PUBLIC HEARING TO NEWSPAPER

APPLICATION FOR CONDITIONAL ZONING CERTIFICATE

CLARIDON TOWNSHIP

Notice is hereby given that the Claridon Township Board of Zoning Appeals will conduct a public hearing on an application, identified as number _____, for a conditional zoning certificate on the _____ day of _____, 20 ____ at _____ o'clock ____ .m. at _____.

This application, submitted by _____ requests that: _____

be granted for the lot located at _____
(address)

Signature of Chairman or Secretary
of Township Board of Zoning Appeals

Print Name: _____

Publish (date to be published)

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS NOTICE OF PUBLIC HEARING TO PROPERTY OWNER

NOTICE OF PUBLIC HEARING TO PROPERTY OWNER
(CONDITIONAL ZONING CERTIFICATE)

CLARIDON TOWNSHIP

Date:

TO:

Dear :

This is to inform you that the _____ Township Board of Zoning Appeals will hold a public hearing on an application, identified as number _____, for a conditional zoning certificate on the _____ day of _____, 20 ____ at _____ o'clock ____ .m. at _____.

This application, submitted by _____ requests that

be granted for the lot located at _____
(address)

Signature of Chairman or Secretary
of Township Board of Zoning Appeals

Print Name: _____

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS CONDITIONAL ZONING CERTIFICATE

CONDITIONAL ZONING CERTIFICATE

CLARIDON TOWNSHIP

No. _____

ISSUED TO: _____

ADDRESS OF APPLICANT: _____

ADDRESS OF PROPERTY (if different from above): _____

ZONING CLASSIFICATION: _____

DESCRIPTION OF USE: _____

EXPIRATION DATE OF CERTIFICATE: _____

Signature of Township Zoning Inspector

Print Name: _____

Date

NOTE: THIS CERTIFICATE MUST BE POSTED ON THE PROPERTY.

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS REVOCATION OF CONDITIONAL ZONING CERTIFICATE

REVOCATION OF CONDITIONAL ZONING CERTIFICATE

CLARIDON TOWNSHIP

Date: _____

TO:

You are hereby advised that conditional zoning certificate number _____ issued on _____
_____, 20 ___ is hereby revoked and declared null and void.

Said certificate has been revoked for the following reason(s):

Further use of the buildings, structures, or premises shall cease until a valid conditional zoning certificate has been obtained.

Signature of Township Zoning Inspector

Print Name: _____

Address

Telephone Number

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS NOTICE OF APPEAL (VARIANCE)

NOTICE OF APPEAL

(REQUESTING A VARIANCE)

CLARIDON TOWNSHIP

THIS APPLICATION SHALL BE COMPLETED BY THE APPLICANT.

- A. Name of Appellant: _____
Address of Appellant: _____
Telephone Number of Appellant: _____
- B. Name of Owner of Record: _____
Address of Owner of Record: _____
Telephone Number of Owner of Record: _____
- C. Address of the Lot: _____
(if different from Appellant's current address)
- D. Attach the names and addresses of all parties in interest from the County Auditor's current tax list (all lots adjacent to and directly across the street from the subject lot).
- E. Attach documentation as to authority to file notice of appeal (e.g. deed, power of attorney, lease, or purchase agreement).
- F. Attach a legal description of the lot, as recorded with the Geauga County Recorder.
- G. Provide the current zoning district in which the lot is located: _____

- H. Provide a description of the existing use of the lot: _____

- I. Provide a description of the proposed use of the lot: _____

- J. Attach two (2) copies of a plan or map, drawn to scale, 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 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.
 5. The total amount of square feet of floor space for each floor of proposed buildings or

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS

NOTICE OF APPEAL (VARIANCE)

structures on the lot or of any addition or structural 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 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 and restricted 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 contours intervals of two (2) feet, and a final grading plan.
 16. The location of any exterior lighting fixtures, their maximum lumens and documentation that they are, and will be installed as, full cutoff fixtures.
 17. For commercial and industrial uses: the location and dimensions of any exterior display, sales, or storage areas on the lot.
 18. The location and dimensions of a fire protection pond and dry hydrant, if applicable.
- K. For an appeal requesting a variance to sign regulations, provide the following information:
1. Attach two (2) copies of a drawing, drawn to scale and dated, showing:
 - a. The dimensions (in feet) of the sign.
 - b. The area of the sign (per sign face) in square feet.
 - c. The location of the sign on the building, structure, or lot including dimensions (in feet) from the front lot lines.
 - d. The height (in feet) of the sign.
 - e. The method of illumination, if any.
 - f. The dimensions of the lettering and/or the elements of the matter displayed (e.g. a logo).
- L. Provide a copy of the driveway culvert pipe permit issued by the appropriate governmental authority, if applicable.
- M. Documentation shall be provided that the appropriate governmental agency has approved the sewage treatment facility to serve the proposed use on the lot.
- N. Two (2) copies of an erosion control plan as required by Section 400.03 of this resolution or written documentation of plan approval from the Geauga Soil and Water Conservation District.
- O. Provide the following additional information:

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS

NOTICE OF APPEAL (VARIANCE)

1. State the exact nature of the variance requested: _____

2. Provide the specific zoning regulations from which a variance is requested: _____

3. Written justification for the requested variance shall be made. If the request is for a "use" variance, responses to the following questions shall be provided:
 - a. Whether there are conditions that are unique to this lot, and not ordinarily found in the same zone or district? _____

 - b. Did the applicant create these conditions? _____

 - c. Whether the variance would adversely affect the rights of adjacent owners? _____

 - d. Whether the variance would adversely affect the public health, safety or general welfare? _____

 - e. Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting the variance? How? _____

 - f. Whether the requested variance is the minimum action, which would afford relief to the applicant? _____

 - g. What other economically viable use of the lot could be made within this zoning district? _____

4. Written justification for the requested variance shall be made. If the request is for an "area" variance, responses to the following shall be provided:
 - a. Whether the lot in question will yield a reasonable return or whether there can be any beneficial use of the lot without the variance. _____

 - b. Whether the variance is substantial. _____

 - c. Whether the essential character of the neighborhood would be substantially altered or whether adjoining properties would suffer a substantial detriment as a result of the variance. _____

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS

NOTICE OF APPEAL (VARIANCE)

- d. Whether the variance would adversely affect the delivery of governmental services.

- e. Whether the lot owner purchased the property with the knowledge of the zoning restriction.

- f. Whether the lot owner's predicament feasibly can be obviated through some method other than a variance. _____
- g. Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting the variance. _____

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 I understand that the penalty for falsification is imprisonment for not more than six (6) months, or a fine of not more than one thousand dollars (\$1,000.00), or both.

Appellant's Signature

Print Name: _____

Date

FOR OFFICIAL USE ONLY

Application Number: _____

Zoning Certificate Application Number: _____

Date Notice Filed with Zoning Inspector: _____

Date Notice Filed with Board of Zoning Appeals: _____

Date of Notice to Parties in Interest: _____

Date of Notice in Newspaper: _____

(provide name of newspaper)

Date of Public Hearing: _____

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS NOTICE OF APPEAL (VARIANCE)

Amount of Appeal Fee Paid: \$ _____

I hereby acknowledge receipt of this notice of appeal requesting a variance this _____ day of _____, 20 ____.

Signature of Chairman or Secretary
of Township Board of Zoning Appeals

Print Name: _____

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS NOTICE OF PUBLIC HEARING TO NEWSPAPER

NOTICE OF PUBLIC HEARING TO NEWSPAPER

APPEAL FOR VARIANCE TO CLARIDON TOWNSHIP ZONING RESOLUTION

Notice is hereby given that the _____ Township Board of Zoning Appeals will conduct a public hearing on an application, identified as number _____, on an appeal for a variance to the _____ Township Zoning Resolution on the _____ day of _____, 20 ____ at _____ o'clock ____ .m. at _____.

This application, submitted by _____ requests that: _____

be granted for the lot located at _____.

(address)

Signature of Chairman or Secretary
of Township Board of Zoning Appeals

Print Name: _____

Publish: (date published)

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS NOTICE OF PUBLIC HEARING TO PROPERTY OWNER

NOTICE OF PUBLIC HEARING TO PROPERTY OWNER

(ZONING APPEAL REQUESTING A VARIANCE)

CLARIDON TOWNSHIP

Date:

TO:

Dear :

This is to inform you that the _____ Township Board of Zoning Appeals will hold a public hearing on an application for an appeal requesting a variance on the _____ day of _____, 20__ at _____ o'clock __.m. at _____.

This application, submitted by _____ requests that

be granted for the lot located at _____.

(address)

Signature of Chairman or Secretary
of Township Board of Zoning Appeals

Print Name: _____

Date

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS: NOTICE OF APPEAL ALLEGING ERROR BY ZONING
INSPECTOR

**NOTICE OF APPEAL
(ALLEGING ERROR BY ZONING INSPECTOR)**

CLARIDON TOWNSHIP

THIS APPLICATION SHALL BE COMPLETED BY THE APPLICANT.

- A. Name of Appellant: _____
Address of Appellant: _____
Telephone Number of Appellant: _____
- B. Name of Owner of Record: _____
Address of Owner of Record: _____
Telephone Number of Owner of Record: _____
- C. Address of the Lot: _____
(if different from Appellant's current address)
- D. Attach the names and addresses of all parties in interest from the County Auditor's current tax list (all lots adjacent to and directly across the street from the subject lot).
- E. Attach documentation as to authority to file notice of appeal (e.g. deed, power of attorney, lease, or purchase agreement).
- F. Attach a legal description of the lot, as recorded with the Geauga County Recorder.
- G. Provide the current zoning district in which the lot is located: _____

- H. Provide a description of the existing use of the lot: _____

- I. Provide a description of the proposed use of the lot: _____

- J. Attach two (2) copies of a plan or map, drawn to scale, 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 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.
 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 structural alteration to existing buildings or structures.

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS: NOTICE OF APPEAL ALLEGING ERROR BY ZONING INSPECTOR

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 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 and restricted 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 intervals of two (2) feet, and a final grading plan.
 16. Documentation shall be provided that the appropriate governmental agency has approved the sewage treatment facility to serve the proposed use on the lot.
 17. The location of any exterior lighting fixtures, their maximum lumens and documentation that they are, and will be installed as, full cutoff fixtures.
 18. For commercial and restricted industrial uses: the location and dimensions of any exterior display, sales, or storage areas on the lot.
 19. The location and dimensions of a fire protection pond and dry hydrant, if applicable.
- K. For an appeal alleging error relative to sign regulations, provide the following information:
1. Attach two (2) copies of a drawing, drawn to scale and dated, showing the following information:
 - a. The dimensions (in feet) of the sign.
 - b. The area of the sign (per sign face) in square feet.
 - c. The location of the sign on the building, structure, or property including dimensions (in feet) from the front lot lines.
 - d. The height (in feet) of the sign.
 - e. The method of illumination, if any.
 - f. The dimensions of the lettering and/or the elements of the matter displayed (e.g. a logo).
- L. Provide a copy of the driveway culvert pipe permit issued by the appropriate governmental authority, if applicable.
- M. Documentation shall be provided that the appropriate governmental agency has approved the sewage treatment facility to serve the proposed use on the lot.

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS: NOTICE OF APPEAL ALLEGING ERROR BY ZONING INSPECTOR

- N. Provide a copy of the approval letter or permit, as applicable, from the Geauga Soil and Water Conservation District concerning the stormwater management and erosion control plan.
O. The following error was made by the zoning inspector in his/her determination of the application for the zoning certificate:

Seven horizontal lines for providing details of the zoning error.

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

I hereby acknowledge that I understand that the penalty for falsification is imprisonment for not more than six (6) months, or a fine of not more than one thousand dollars (\$1,000.00), or both.

Appellant's Signature
Print Name:
Date

FOR OFFICIAL USE ONLY

Application Number:
Zoning Certificate Application Number:
Zoning Certificate Number:
Date Notice Filed with Zoning Inspector:
Date Notice Filed with Board of Zoning Appeals:
Date of Notice to Parties in Interest:
Date of Notice in Newspaper:
(provide name of newspaper)
Date of Public Hearing:
Amount of Appeal Fee Paid: \$

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS: NOTICE OF APPEAL ALLEGING ERROR BY ZONING
INSPECTOR

I hereby acknowledge the receipt of this notice of appeal alleging error by the zoning inspector this _____ day of _____, 20 ____.

Signature of Chairman or Secretary of
Township Board of Zoning Appeals

Print Name: _____

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS: NOTICE OF PUBLIC HEARING TO PROPERTY OWNER
(ALLEGING ERROR BY ZONING INSPECTOR)

NOTICE OF PUBLIC HEARING TO PROPERTY OWNER
(ZONING APPEAL ALLEGING ERROR)

CLARIDON TOWNSHIP

Date: _____

TO:

Dear

This is to inform you that the Claridon Township Board of Zoning Appeals will hold a public hearing on an application, identified as number _____, for an appeal alleging error by the zoning inspector on the _____ day of _____, 20 ____ at _____ o'clock ____m. at _____.

This application, submitted by _____ requests that _____

be granted for the lot located at _____.

(address)

Signature of Chairman or Secretary of
Township Zoning Appeals

Print Name: _____

Date

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS: NOTICE OF PUBLIC HEARING TO NEWSPAPER
(ALLEGING ERROR BY ZONING INSPECTOR)

NOTICE OF PUBLIC HEARING TO NEWSPAPER
APPEAL ALLEGING ERROR BY

CLARIDON TOWNSHIP ZONING INSPECTOR

Notice is hereby given that the _____ Township Board of Zoning Appeals will conduct a public hearing on an application, identified as number _____, on an appeal alleging error by the _____ Township Zoning Inspector on the _____ day of _____, 20 ____ at _____ o'clock ____ .m. at _____.

This application, submitted by _____ requests that: _____

be granted for the lot located at _____
(address)

Signature of Chairman or Secretary of
Township Board of Zoning Appeals

Print Name: _____

Publish: (date published)

CLARIDON TOWNSHIP BOARD OF ZONING APPEALS

FINDINGS OF FACT RELATING TO APPEAL FOR VARIANCE

NO. _____

At a public meeting held by the Claridon Township Board of Zoning Appeals on _____, 20 ____, _____ moved and _____ seconded the motion to adopt the following findings of fact pertaining to an appeal for a variance, identified as application number _____:

1. _____, appellant, is seeking (a use) (an area) variance from Article(s) _____, Section(s) _____ of the _____ Township Zoning Resolution.
2. The real property is located at _____ in the _____ zoning district of _____ Township. (street address)
3. The public hearing on this matter was held by the Board on: _____ (date)
4. Appellant claims entitlement to a variance because (note: attach additional sheets as necessary):

5. The following facts are relevant to the matter before this Board (note: attach additional sheets as necessary):

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS

FINDINGS OF FACT

6. Appellant (has) (has not) shown the existence of (an unnecessary hardship) (practical difficulties) pursuant to Article(s) _____, Section(s) _____ of the _____ Township Zoning Resolution.

Upon a call of the roll, the vote was as follows:

Yes or No

Member, Board of Zoning Appeals
Print Name: _____

Member, Board of Zoning Appeals
Print Name: _____

Member, Board of Zoning Appeals
Print Name: _____

Member, Board of Zoning Appeals
Print Name: _____

Member, Board of Zoning Appeals
Print Name: _____

Attested to by: _____

(Chairman) (Secretary) Board of Zoning Appeals

Print Name: _____

Date: _____

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS DECISION RELATING TO APPEAL FOR VARIANCE

CLARIDON TOWNSHIP BOARD OF ZONING APPEALS

DECISION RELATING TO APPEAL FOR VARIANCE NO. _____

At a public meeting held by the Claridon Township Board of Zoning Appeals on _____, 20 ____, _____ moved and _____ seconded the motion to (grant) (deny) the appeal for (a use) (an area) variance, identified as number _____, for the real property located at _____ filed by _____, appellant.

The following specific conditions were included with the grant of the variance: _____

Upon a call of the roll, the vote was as follows:

	Yes or No
_____ Member, Board of Zoning Appeals Print Name: _____	_____
_____ Member, Board of Zoning Appeals Print Name: _____	_____
_____ Member, Board of Zoning Appeals Print Name: _____	_____
_____ Member, Board of Zoning Appeals Print Name: _____	_____
_____ Member, Board of Zoning Appeals Print Name: _____	_____

Attested to by: _____
(Chairman) (Secretary) Board of Zoning Appeals
Print Name: _____
Date: _____

NOTICE OF ACTION

BY CLARIDON TOWNSHIP BOARD OF ZONING APPEALS

Date: _____

To:

RE: Application for Appeal No. _____

Dear _____:

Please be advised that the _____ Township Board of Zoning Appeals voted to (approve) (deny) the appeal, number _____, (for a variance) (alleging error by the zoning inspector) decided on _____, 20 ____.

The following specific conditions were included with the grant of the variance:

The decision of the board may be appealed to the Geauga County Court of Common Pleas within thirty (30) days from the date of the approval of the minutes by the board by a party in interest. Therefore, if you proceed within the next thirty (30) days be advised that you are doing so at your own risk.

Sincerely,

(Chairman) (Secretary) of
Claridon Township Board of Zoning Appeals

Print Name: _____

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS APPLICATION FOR ZONING AMENDMENT

**APPLICATION FOR A ZONING AMENDMENT
CLARIDON TOWNSHIP**

O.R.C. 519.12 (A)

The undersigned owner(s) or lessee(s) of the following legally described real property hereby request the adoption of the following zoning amendment to the Claridon Township Zoning Resolution.

THIS APPLICATION SHALL BE COMPLETED BY THE APPLICANT.

A. Name of Applicant: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

B. Address of the Property/Lot: _____

C. Describe the present use of the property/lot: _____

D. Describe the present zoning classification of the property/lot: _____

E. Provide the text of the proposed amendment: _____

F. What is the proposed zoning district classification? (if applicable) _____

G. Attach a legal description of the real property/lot included in the proposed amendment. If the applicant does not have title to the property, attach a copy of a power of attorney, lease, or purchase agreement as well.

H. Attach a map, drawn to scale, with a north arrow, showing the boundaries and dimensions (in feet) of the property/lot.

I. Attach a copy of the official township zoning map with the area proposed to be changed fully delineated and the proposed zoning district designation shown thereon, if applicable.

J. Attach a statement relative to the reason(s) for the proposed amendment and how it relates to the township land use plan.

K. A site plan detailing existing and proposed buildings, structures, and uses on the affected lot(s) and documenting the provision and location(s) of sewage treatment and water supply facilities.

L. Provide a list of the addresses from the county auditor's current tax list of all owners of property within and contiguous and directly across the street from the area proposed to be rezoned or redistricted, if the proposed amendment intends to rezone or redistrict ten (10) or fewer parcels of land as listed on the county auditor's current tax list.

I hereby certify that all of the information supplied in this application and attachments hereto is true and

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS APPLICATION FOR ZONING AMENDMENT

correct to the best of my knowledge, information and belief.

I hereby acknowledge that I understand that the penalty for falsification is imprisonment for not more than six (6) months, or a fine of not more than one thousand dollars (\$1,000.00), or both.

Applicant's Signature

Print Name:

Date

FOR OFFICIAL USE ONLY

Application or Amendment Number:

Date Application Received:

Date of Submission to County Planning Commission:

Date of Public Hearing:

Dates, time and place of public examination:

Date of Notice to Property Owners:

Date of Notice in Newspaper:

(provide name of newspaper)

Date of Submission to Board of Township Trustees:

Amount of Fee Paid: \$

I hereby acknowledge the receipt of this application for a zoning amendment this ____ day of _____, 20 ____.

Signature of Chairman or Secretary of Township Zoning Commission

Print Name:

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS MOTION TO INITIATE AMENDMENT

**MOTION TO INITIATE AMENDMENT
TO CLARIDON TOWNSHIP ZONING RESOLUTION**

O.R.C. 519.12 (A)

_____ moved the adoption of the following motion:

That an amendment to the Claridon Township Zoning Resolution, identified as number _____, consisting of _____ pages, marked Exhibit _____ and attached hereto and incorporated herein as though fully rewritten, be hereby initiated by the Claridon Township Zoning Commission this _____ day of _____, 20 ____.

_____ seconded said motion. Upon the roll being called, the vote of the members of the zoning commission was as follows:

<u>Member</u>	<u>Yes or No</u>
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____

Attested to by:

Secretary, Township Zoning Commission
Print Name: _____
Date: _____

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS

MOTION TO INITIATE AMENDMENT AND MAP

MOTION TO INITIATE AMENDMENT

TO CLARIDON TOWNSHIP ZONING RESOLUTION AND ZONING MAP

O.R.C. 519.12 (A)

_____ moved the adoption of the following motion:

That an amendment to the Claridon Township Zoning Resolution, identified as number _____, consisting of _____ pages, marked Exhibit _____ and attached hereto and incorporated herein as though fully rewritten, and an amendment to the Claridon Township Zoning Map marked Exhibit _____ and attached hereto and incorporated herein, be hereby initiated by the Claridon Township Zoning Commission this _____ day of _____, 20 ____.

_____ seconded said motion. Upon the roll being called, the vote of the members of the zoning commission was as follows:

<u>Member</u>	<u>Yes or No</u>
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____

Attested to by:

Secretary, Township Zoning Commission
Print Name: _____
Date: _____

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS RESOLUTION TO INITIATE AMENDMENT

RESOLUTION TO INITIATE AMENDMENT

TO CLARIDON TOWNSHIP ZONING RESOLUTION

O.R.C. 519.12 (A)

_____ moved the adoption of the following resolution:

That an amendment to the Claridon Township Zoning Resolution, identified as number _____, consisting of _____ pages, marked Exhibit _____ and attached hereto and incorporated herein as though fully rewritten, be hereby initiated by the Claridon Township Board of Trustees this _____ day of _____, 20 ____.

_____ seconded said motion. Upon the roll being called, the vote of the members of the board of township trustees was as follows:

<u>Trustee</u>	<u>Yes or No</u>
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____

Attested to by:

Township Fiscal Officer
Print Name: _____
Date: _____

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS RESOLUTION TO INITIATE AMENDMENT (MAP)

**RESOLUTION TO INITIATE AMENDMENT
TO CLARIDON TOWNSHIP ZONING RESOLUTION AND ZONING MAP**

O.R.C. 519.12 (A)

_____ moved the adoption of the following resolution:

That an amendment to the Claridon Township Zoning Resolution, identified as number _____, consisting of _____ pages, marked Exhibit _____ and attached hereto and incorporated herein as though fully rewritten, and an amendment to the Claridon Township Zoning Map marked Exhibit _____ and attached hereto and incorporated herein, be hereby initiated by the Claridon Township Board of Trustees this _____ day of _____, 20 ____.

_____ seconded said motion. Upon the roll being called, the vote of the members of the board of township trustees was as follows:

<u>Trustee</u>	<u>Yes or No</u>
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____

Attested to by: _____
Township Fiscal Officer
Print Name: _____
Date: _____

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS CERTIFICATION OF RESOLUTION)

**CERTIFICATION OF RESOLUTION
TO INITIATE PROPOSED AMENDMENT TO ZONING RESOLUTION
TO TOWNSHIP ZONING COMMISSION**

O.R.C. 519.12 (A)

I, _____, Fiscal Officer of Claridon Township, Geauga County, Ohio, do hereby certify that the resolution attached hereto, identified as number _____, is taken and copied from the record of proceedings of the Board of Township Trustees of Claridon Township, Geauga County, Ohio; that the same has been compared by me with the resolution contained in said record and that it is a true and accurate copy thereof.

Witness my signature, this _____ day of _____, 20 ____.

Township Fiscal Officer

Print Name: _____

Received by _____ Township Zoning Commission this _____ day of _____, 20 ____.

Chairman or Secretary of
Township Zoning Commission
Print Name: _____

NOTE: Amendments to the zoning resolution may be initiated by the passage of a resolution therefor by the board of township trustees. The board of township trustees shall, upon the passage of such resolution, certify it to the township zoning commission.

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS MOTION TO SET DATE FOR PUBLIC HEARING

**MOTION TO SET DATE FOR PUBLIC HEARING ON
PROPOSED AMENDMENT TO TOWNSHIP ZONING RESOLUTION**

O.R.C. 519.12 (A) or (E)

The Claridon Township (Board of Township Trustees) (Zoning Commission), Geauga County, Ohio,
met in _____ session on the _____ day of _____, 20 __, at
_____ with the following members present:

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____

_____ moved the adoption of the following motion:

That the Claridon Township (Board of Township Trustees) (Zoning Commission) conduct a public hearing on the proposed amendment, identified as number _____, to the Claridon Township Zoning Resolution as attached hereto on the _____ day of _____, 20 __ at _____ o'clock ____m. at the Claridon Town Hall.

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS

MOTION TO SET DATE FOR PUBLIC HEARING

_____ seconded the motion and the roll being called, the vote of the Claridon Township (Board of Township Trustees) (Zoning Commission) was as follows.

<u>Member</u>	<u>Yes or No</u>
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____

Adopted the _____ day of _____, 20 ____.

Attested to by: _____
 (Township Fiscal Officer)
 (Secretary, Township Zoning Commission)
 Print Name: _____

NOTE: Upon the adoption of the motion, or the certification of the resolution, or the filing of the application for a proposed zoning amendment, the township zoning commission shall set a date for a public hearing thereon, which date shall not be less than twenty (20) nor more than forty (40) days from the date of the adoption of such motion, or the certification of such resolution, or the filing of such application.

The board of township trustees shall, upon receipt of the recommendation of the township zoning commission on a proposed zoning amendment, set a time for a public hearing on such proposed amendment, which date shall not be more than thirty (30) days from the date of the receipt of the recommendation from the township zoning commission.

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS NOTICE OF PUBLIC HEARING

**NOTICE OF PUBLIC HEARING
ON (MOTION) (RESOLUTION) (APPLICATION) PROPOSING TO AMEND
THE CLARIDON TOWNSHIP ZONING RESOLUTION**

O.R.C. 519.12 (C)

Notice is hereby given that the Claridon Township Zoning Commission will conduct a public hearing on a(n) (motion) (resolution) (application) which is an amendment, identified as number _____, to the Claridon Township Zoning Resolution at the Claridon Town Hall at _____ o'clock ____ .m. on _____, 20 ____.

The addresses of all properties to be rezoned or redistricted by the proposed amendment and the names of owners of these properties, as they appear on the county auditor's current tax list are:

The present zoning classification of property named in the proposed amendment is _____.

The proposed zoning classification of property named in the proposed amendment is _____.

The (motion) (resolution) (application) proposing to amend the zoning resolution will be available for examination at the _____ from _____ o'clock ____ .m. to _____ o'clock ____ .m. from _____, 20 ____ through _____, 20 ____.

After the conclusion of the public hearing the matter will be submitted to the board of township trustees for its action.

Name of person responsible for giving
notice of public hearing
Print Name: _____

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS

NOTICE OF PUBLIC HEARING

NOTE: This notice should be used only if the proposed amendment intends to rezone or redistrict ten (10) or fewer parcels of land as listed on the county auditor's current tax list.

The date of the public hearing shall not be less than twenty (20) nor more than forty (40) days from the date of the certification of the resolution or the date of adoption of the motion or the date of the filing of the application.

This notice of public hearing shall be given by the township zoning commission by one (1) publication in one (1) or more newspapers of general circulation in the township at least ten (10) days before the date of the hearing.

This notice of public hearing shall also be sent by the zoning commission by first class mail, at least ten (10) days before the date of the public hearing, to all owners of property within and contiguous to and directly across the street from the area proposed to be rezoned or redistricted to the addresses of such owners appearing on the county auditor's current tax list.

The motion, resolution, or application proposing to amend the zoning resolution must be available for examination for a period of at least ten (10) days prior to the public hearing.

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS NOTICE OF PUBLIC HEARING

**NOTICE OF PUBLIC HEARING
ON (MOTION) (RESOLUTION) (APPLICATION) PROPOSING TO AMEND
THE CLARIDON TOWNSHIP ZONING RESOLUTION**

O.R.C. 519.12 (D)

Notice is hereby given that the Claridon Township Zoning Commission will conduct a public hearing on a(n) (motion) (resolution) (application) which is an amendment, identified as number _____, to the Claridon Township Zoning Resolution at the Claridon Town Hall at _____ o'clock ____m. on _____, 20 ____.

The (motion) (resolution) (application) proposing to amend the zoning resolution will be available for examination at the _____ from _____ o'clock ____m. to _____ o'clock ____m. from _____, 20 ____ through _____, 20 ____.

After the conclusion of the public hearing, the matter will be submitted to the board of township trustees for its action.

Name of person responsible for giving
notice of public hearing
Print Name: _____

Publish: _____, 20 ____

NOTE: This notice should be used only if the proposed amendment alters the text of the zoning resolution, or rezones or redistricts more than ten (10) parcels of land, as listed on the county auditor's current tax list.

The date of the public hearing shall not be less than twenty (20) nor more than forty (40) days from the date of the certification of the resolution or the date of adoption of the motion or the date of the filing of the application.

This notice of publication shall be given by the township zoning commission by one (1) publication in one (1) or more newspapers of general circulation in the township at least ten (10) days before the date of the hearing.

The motion, resolution, or application proposing to amend the zoning resolution must be available for examination for a period of at least ten (10) days prior to the public hearing.

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS TRANSMISSION TO COUNTY PLANNING COMMISSION

**TRANSMISSION OF COPY OF (RESOLUTION) (MOTION) (APPLICATION) FOR PROPOSED
AMENDMENT TO ZONING RESOLUTION TOGETHER WITH TEXT (AND MAP)
PERTAINING THERETO TO COUNTY PLANNING COMMISSION
O.R.C. 519.12 (E)**

The Claridon Township Zoning Commission hereby submits the attached copy of the (resolution) (motion) (application) for a proposed amendment, identified as number _____, to the Claridon Township Zoning Resolution together with attached text (and map) pertaining thereto to the Geauga County Planning Commission this _____ day of _____, 20 ____.

Claridon Township Zoning Commission

Member
Print Name: _____

Member
Print Name: _____

Member
Print Name: _____

Member
Print Name: _____

Member
Print Name: _____

Attested to by: _____
Secretary, Township Zoning Commission
Print Name: _____

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS TRANSMISSION TO COUNTY PLANNING COMMISSION

Received by Geauga County Planning Commission this _____ day of _____, 20 ____.

Signature of Planning Commission
Member or Employee
Print Name: _____

NOTE: Within five (5) days after the adoption of the motion or the certification of the resolution or the filing of the application for a proposed zoning amendment, the township zoning commission shall transmit a copy thereof together with text and map pertaining thereto to the county planning commission.

The county planning commission shall recommend the approval or denial of the proposed amendment or the approval of some modification thereof and shall submit such recommendation to the township zoning commission. Such recommendation shall be considered at the public hearing held by the township zoning commission on such proposed amendment.

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS RECOMMENDATION OF TOWNSHIP ZONING COMMISSION

**RECOMMENDATION OF TOWNSHIP ZONING COMMISSION
CONCERNING PROPOSED AMENDMENT TO ZONING RESOLUTION**

O.R.C. 519.12 (E)

The Claridon Township Zoning Commission, Geauga County, Ohio met in _____
session on the _____ day of _____, 20 ____, at _____ with the following
members present:

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____

_____ moved the adoption of the following motion:

That the Claridon Township Zoning Commission recommend the (approval) (denial) of the
proposed amendment to the Claridon Township Zoning Resolution as attached hereto

or

That the Claridon Township Zoning Commission recommend the approval of the following
modification to the proposed amendment to the Claridon Township Zoning Resolution as
attached hereto:

set forth modification

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS RECOMMENDATION OF TOWNSHIP ZONING COMMISSION

_____ seconded the motion and the roll being called the vote of the Claridon Township Zoning Commission was as follows.

<u>Member</u>	<u>Yes or No</u>
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____

Adopted the _____ day of _____, 20 ____.

Attested to by: _____
Secretary, Township Zoning Commission
Print Name: _____

Received by Claridon Township Board of Township Trustees this _____ day of _____, 20 ____.

Township Fiscal Officer
Print Name: _____

NOTE: The township zoning commission shall, within thirty (30) days after the public hearing, recommend the approval or denial of the proposed amendment, or the approval of some modification thereof and submit such recommendation together with the application or resolution, the text and map pertaining thereto and the recommendation of the county planning commission thereon to the board of township trustees.

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS SUBMISSION TO TRUSTEES AND PLANNING COMMISSION

SUBMISSION OF RECOMMENDATION OF TOWNSHIP ZONING COMMISSION ON PROPOSED AMENDMENT TO ZONING RESOLUTION TOGETHER WITH (RESOLUTION) (MOTION) (APPLICATION), AND TEXT (AND MAP) PERTAINING THERETO AND THE RECOMMENDATION OF THE COUNTY PLANNING COMMISSION TO THE BOARD OF TOWNSHIP TRUSTEES

O.R.C. 519.12 (E)

The Claridon Township Zoning Commission hereby submits the attached recommendation on the proposed amendment, identified as number _____, to the Claridon Township Zoning Resolution together with the attached (resolution) (motion) (application), and text (and map) pertaining thereto and the attached recommendation of the Geauga County Planning Commission to the Claridon Township Board of Township Trustees this _____ day of _____, 20 ____.

Claridon Township Zoning Commission

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____

Attested to by: _____
Secretary, Township Zoning Commission
Print Name: _____

Received by Claridon Township Board of Township Trustees this _____ day of _____, 20 ____.

Township Fiscal Officer
Print Name: _____

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS

NOTICE OF PUBLIC HEARING

**NOTICE OF PUBLIC HEARING ON (MOTION) (RESOLUTION) (APPLICATION)
PROPOSING TO AMEND THE CLARIDON TOWNSHIP ZONING RESOLUTION**

O.R.C. 519.12 (F)

Notice is hereby given that the Claridon Township Board of Township Trustees will conduct a public hearing on a(n) (motion) (resolution) (application) which is an amendment, identified as number _____, to the Claridon Township Zoning Resolution at the Claridon Town Hall at _____ o'clock ____m. on _____, 20 ____.

The addresses of all properties to be rezoned or redistricted by the proposed amendment and the names of owners of these properties, as they appear on the county auditor's current tax list are:

The present zoning classification of property named in the proposed amendment is _____.

The proposed zoning classification of property named in the proposed amendment is _____.

The (motion) (resolution) (application) proposing to amend the zoning resolution will be available for examination at the _____ from _____ o'clock ____m. to _____ o'clock ____m. from _____, 20 ____ through _____, 20 ____.

Name of person responsible for
giving notice of public hearing

Print Name: _____

Publish: _____, 20 ____.

NOTE: This notice should be used only if the proposed amendment intends to rezone or redistrict ten (10) or fewer parcels of land as listed on the county auditor's current tax list.

The date of the public hearing shall not be more than thirty (30) days from the date of the receipt of the recommendation from the township zoning commission.

This notice of public hearing shall be given by the board by one (1) publication in one (1) or more newspapers of general circulation in the township, at least ten (10) days before the date of the hearing.

The motion, resolution, or application proposing to amend the zoning resolution must be available for examination for a period of at least ten (10) days prior to the public hearing.

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS NOTICE OF PUBLIC HEARING

**NOTICE OF PUBLIC HEARING ON (MOTION) (RESOLUTION) (APPLICATION)
PROPOSING TO AMEND THE CLARIDON TOWNSHIP ZONING RESOLUTION**

O.R.C. 519.12 (G)

Notice is hereby given that the Claridon Township Board of Township Trustees will conduct a public hearing on a(n) (motion) (resolution) (application) which is an amendment, identified as number _____, to the Claridon Township Zoning Resolution at the _____ at _____ o'clock ____m. on _____, 20 ____.

The (motion) (resolution) (application) proposing to amend the zoning resolution will be available for examination at the _____ from _____ o'clock ____m. to _____ o'clock ____m. from _____, 20 ____ through _____, 20 ____.

Name of person responsible for
giving notice of public hearing
Print Name: _____

Publish: _____, 20 ____.

NOTE: This notice should be used only if the proposed amendment alters the text of the zoning resolution, or rezones or redistricts more than ten (10) parcels of land, as listed on the county auditor's current tax list.

The date of the public hearing shall not be more than thirty (30) days from the date of the receipt of the recommendation from the township zoning commission.

This notice of publication shall be given by the board by one (1) publication in one (1) or more newspapers of general circulation in the township at least ten (10) days before the date of the hearing.

The motion, resolution, or application proposing to amend the zoning resolution must be available for examination for a period of at least ten (10) days prior to the public hearing.

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS TOWNSHIP TRUSTEES DECISION ON RECOMMENDATION

(ADOPTION) (DENIAL) (ADOPTION OF MODIFICATION) OF RECOMMENDATIONS OF ZONING COMMISSION BY BOARD OF TOWNSHIP TRUSTEES

O.R.C. 519.12 (H)

The Claridon Township Board of Township Trustees, Geauga County, Ohio met in _____ session on the _____ day of _____, 20 ____, at _____ with the following members present:

Print Name: _____

Print Name: _____

Print Name: _____

_____ moved the adoption of the following resolution:

WHEREAS, on the _____ day of _____, 20 ____, the board of township trustees received a recommendation from the township zoning commission on a proposed amendment, identified as number _____, to the Claridon Township Zoning Resolution together with the (motion) (resolution) (application), text, (map), and recommendation of the county planning commission relating thereto; and

WHEREAS, on the _____ day of _____, 20 ____, the board of township trustees conducted a public hearing on the proposed amendment as provided by law; therefore be it

RESOLVED, that the Claridon Township Board of Township Trustees, Geauga County, Ohio this _____ day of _____, 20 ____, hereby (adopts) (denies) (adopts the following modifications of) the recommendations of the township zoning commission as attached hereto as exhibit A and incorporated herein.

set forth modifications if any

and be it further,

(If the proposed zoning amendment is being adopted or adopted with modifications, the following should also be resolved by the board of township trustees)

CLARIDON TOWNSHIP ZONING REGULATIONS

APPENDIX A: FORMS TOWNSHIP TRUSTEES DECISION ON RECOMMENDATION

RESOLVED, that the Claridon Township Board of Township Trustees, Geauga County, Ohio, this ____ day of _____, 20 __ hereby adopts an amendment to the Claridon Township Zoning Resolution (and Zoning Map) as set forth in the text (and map) attached hereto as exhibits _____ (and _____) and incorporated herein.

_____ seconded the motion and the roll being called the vote of the Claridon Township Board of Township Trustees was as follows:

<u>Trustee</u>	<u>Yes or No</u>
_____ Print Name: _____	_____
_____ Print Name: _____	_____
_____ Print Name: _____	_____

Adopted the ____ day of _____, 20 __.

Attested to by: _____
Township Fiscal Officer
Print Name: _____

NOTE: The text and map of the zoning amendment attached to the resolution and adopted by the board should be signed by the members of the board of township trustees and attested to by the Township Fiscal Officer.

NOTE: Within twenty (20) days after the public hearing the board shall either adopt or deny the recommendations of the zoning commission or adopt some modification thereof. In the event the board denies or modifies the recommendation of the township zoning commission a two-thirds vote of the board shall be required.

Such amendment adopted by the board shall become effective in thirty (30) days after the date of such adoption unless within thirty (30) days after the adoption of the amendment there is presented to the board of township trustees a petition, signed by a number of registered electors residing in the unincorporated area of the township or past thereof included in the zoning plan equal to not less than eight per cent (8%) of the total vote cast for all candidates for governor in such area at the last preceding general election at which a governor was elected, requesting the board of township trustees to submit the amendment to the electors of such area for approval or rejection at a special election to be held on the day of the next primary or general election. If a majority of the vote cast on the issue is in favor of the amendment, upon certification by the board of elections that the amendment has been approved by the voters, it shall take immediate effect.

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS FILING OF ZONING AMENDMENT

**FILING OF ZONING AMENDMENT ADOPTED BY CLARIDON TOWNSHIP BOARD OF
TOWNSHIP TRUSTEES WITH GEAUGA COUNTY RECORDER**

O.R.C. 519.12 (H)

The attached copy of a zoning amendment, identified as number _____, to the Claridon Township Zoning Resolution marked exhibit _____ and effective on _____, 20 ___ is hereby filed with the Geauga County Recorder this _____ day of _____, 20 __. I hereby certify that the attached amendment is a true and correct copy taken from the official records of Claridon Township.

_____, Fiscal Officer

Print Name: _____

Claridon Township

NOTE: Within five (5) working days after an amendment's effective date, the board of township trustees shall file the text and map(s) of the amendment in the office of the county recorder.

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS FILING OF ZONING AMENDMENT

**FILING OF ZONING AMENDMENT ADOPTED BY CLARIDON TOWNSHIP BOARD
OF TOWNSHIP TRUSTEES WITH GEAUGA COUNTY PLANNING COMMISSION**

O.R.C. 519.12 (H)

The attached copy of a zoning amendment, identified as number _____, marked exhibit _____ and effective on _____, 20 ___ is hereby filed with the Geauga County Planning Commission this _____ day of _____, 20 _____. I hereby certify that the attached amendment is a true and correct copy taken from the official records of Claridon Township.

_____, Fiscal Officer

Print Name: _____

Claridon Township

NOTE: Within five (5) working days after an amendment's effective date, the board of township trustees shall file the text and map(s) of the amendment in the office of the county planning commission.