

Sagamore Hills Township

ZONING AMENDMENT PROCEDURE

This entire section reviewed and approved by Resolution 18-18 adopted 5-14-18
Effective 6-13-18

Amendments to this zoning resolution shall comply with the requirements of the Ohio Revised Code including Section 519.12.

EXHIBIT 1.
Certificate No. _____

APPLICATION FOR CONDITIONAL ZONING CERTIFICATE

Sagamore Hills Township, Summit County, Ohio.

Name of Property Owner(s) _____

Name of Applicant (If different) _____

Telephone number where applicant may be reached _____

For Property Located at _____
(Address or Description)

Zoning of District in which property is located _____

Conditionally Permissible Use _____

Attached and as part of this application area:

A. Plan showing:

1. Boundaries and divisions of property.
2. Abutting streets, properties, and structures.
3. Location of all improvements proposed, including structures, parking, landscaping, etc..
4. Location of wells, sewer lines, or other utility features, existing or proposed.
5. Topography at an interval sufficient to show the slope characteristics of the property.

B. Complete plans and specifications for proposed use will be harmonious with, and in accordance with, the objectives of the Zoning Resolution and the land use and thoroughfare plan, and will not be detrimental to existing or future uses in the immediate vicinity or the community as a whole.

Fee _____

Date _____

Owner(s)'s Signature

Board of Zoning Appeals Action: Approval _____ Disapproval _____

Date of Issue of Condition Zoning Certificate _____

EXHIBIT 2.
Certificate No. _____

CONDITIONAL ZONING CERTIFICATE

Sagamore Hills Township, Summit County, Ohio.

Name of Property Owner(s) _____

Name of Applicant (If different) _____

Address of Applicant _____

Telephone number where applicant may be reached _____

For Property Located at _____
(Address or Description)

Zoning of District in which property is located _____

Date of Issue _____ Time Limit _____

Conditionally Permissible Use _____

GENERAL CONDITIONS TO BE COMPILED WITH:

1. Will be harmonious with and in accordance with the general objectives or with any specific objective of the community's land use and thoroughfare plan of current adoption.
2. Will be designed, constructed, operated and maintained so as to be harmonious and appropriate in appearance with the existing or intended character of general vicinity and that such a use will not change the essential character of the same area.
3. Will not be hazardous or disturbing to existing or future neighboring uses.
4. Will not be detrimental to property in the immediate vicinity or to the Township as a whole.
5. Will be served adequately by essential public facilities and services such as highways, streets, police and fire protection, drainage structures, refuse disposal, and schools or that the persons or agencies responsible for the establishment of the proposed use shall be able to provide adequately any such shall be able to provide adequately any such service.
6. All structures, roads, and utilities, shall be in compliance with the County Subdivision Regulations, the County Board of Health Standards, and the County Building Code.

7. Will have vehicular approaches to the property which shall be so designed as not to create an interference with traffic on surrounding public streets or roads.

EXHIBIT 2 - CONTD.

Certificate No. _____

Specific conditions to be complied with:

Attach sheet if necessary

The Applicant does hereby agree to the conditional use of the above described property subject to the provisions of the Zoning Resolution and to the conditions herein specified.

This Certificate is automatically revoked if any of the conditions specified herein are not met.

Owner(s)'s Signature

Board of Zoning Appeals

Date Signed

Board of Zoning Appeals

Copies to:

1. Resident

2. Zoning Inspector

EXHIBIT 3.
Certificate No. _____

**BOARD OF ZONING APPEALS
CERTIFICATE NON-CONFORMING USE**

Sagamore Hills Township, Summit County, Ohio.

Name of Property Owner(s) _____

Telephone Number where Property Owner(s) may be reached _____

Name of Occupant _____

Telephone number where Occupant may be reached _____

Address and Description of Property _____

Zoning District in which Property is Located _____

Date of Issue _____ Time Limit (Indefinitely) _____

This is to certify that the above described property is a legal non-conforming use and shall be governed by Article _____ Section _____. Non-conforming Uses of the _____ Sagamore Hills Township Zoning Resolution.

Chairman, Board of Zoning Appeals

Date of Meeting

NOTICE

Under Section A of the Zoning Resolution of the Township of Sagamore Hills, this property may occupied or otherwise used until a **Certificate of Occupancy** has been issued by the Zoning Inspector.

Any individual, firm or corporation using or occupying these premises without such a Certificate will be subject to Prosecution.

Zoning Inspector