

 <p style="text-align: center;"> Bainbridge Township 17826 Chillicothe Road Chagrin Falls, Ohio 44023 (440) 543-9871 www.bainbridgetwp.com Email: zoning@bainbridgetwp.com </p>	APPLICATION FOR GEAUGA LAKE DISTRICT PDP/FDP REVIEW AND APPROVAL	<p style="text-align: center;">DATE RECEIVED: (OFFICE USE)</p> <p>APPLICATION NO. _____</p> <p>FACILITY FILE NO. _____</p>
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I _____ do hereby apply for review and approval of the:

(Print Name)

Preliminary Development Plan (PDP)

Final Development Plan (FDP)

for the proposed development site identified as: _____

located at: _____

(Street Address, Post Office, Zip Code)

and further known as permanent parcel number(s): _____

within the Geauga Lake District. I understand the PDP/FDP may only be reviewed and approved by the Bainbridge Township Board of Trustees if it is in compliance with the adopted Geauga Lake District Design Guidelines and the Consent Judgment Entry that applies to said District at the sole discretion of the Board. Six (6) copies of the PDP/FDP, a pdf version of the Plan, the Primary Developer's plan approval letter, a legal description of the site, WMSC approval letter by Geauga SWCD (FDP only) and the applicable review fee have been included with this application.

By: _____ (Date) _____

(Signature of Owner or Authorized Representative)

Print Name: _____

1. SIGNATURE	
The undersigned hereby certifies 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 and I acknowledge that I understand I must comply with all of the design guidelines specified in this application and such other applicable regulations in the township zoning resolution. I hereby acknowledge that I understand the penalty for falsification is imprisonment for not more than six months, or a fine of not more than \$1,000.00, or both.	
Printed Name of Applicant: _____	Application Date: _____
Signature of Applicant: _____	
2. VALIDATION (Office Use Only)	
Received by: _____	Date Received: _____
Fee: \$ _____	