

 <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 TEMPORARY STRUCTURES AND USES	DATE RECEIVED: (OFFICE USE) APPLICATION NO. _____ FACILITY FILE NO. _____															
<p>The undersigned hereby applies for a zoning certificate for the following described temporary, structure or use, said certificate to be issued by the Zoning Inspector on the basis of the information contained in this application. The Zoning Inspector may request such additional information as may be necessary to ensure compliance with the zoning resolution or waive requested information that is not applicable.</p> <p>This application shall be completed by the property owner of record or his/her authorized representative. Incomplete applications will <u>not</u> be processed. Please print legibly or type all information, sign, and date this form.</p>																	
1. PROPERTY INFORMATION																	
Site Address (if different from below): _____																	
Geauga County Auditor's Parcel Number: _____																	
2. IDENTIFICATION																	
Applicant: Owner Lessee Contractor Other (describe): _____																	
Applicant																	
Name _____		Email _____															
Address _____	City _____	State _____ Zip _____															
Phone Number(s) _____	Home _____	Office _____ Mobile _____															
3. ATTACH AUTHORITY TO MAKE APPLICATION IF APPLICANT IS NOT THE OWNER OF RECORD																	
4. CURRENT ZONING DISTRICT IN WHICH THE PROPERTY IS LOCATED:																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Lot is presently zoned:</td> <td style="width: 33%;">R-3A: Rural Residential</td> <td style="width: 33%;">R-5A: Rural Open Residential</td> </tr> <tr> <td>CB: Convenience Business</td> <td>MUP: Mixed Use PUD</td> <td>PO: Professional Office</td> </tr> <tr> <td>LIR: Light Industry Restricted</td> <td>PPP: Public Passive Park</td> <td>APP: Active Public Park</td> </tr> <tr> <td colspan="3">(The zoning map is available at www.bainbridgetwp.com)</td> </tr> </table>			Lot is presently zoned:	R-3A: Rural Residential	R-5A: Rural Open Residential	CB: Convenience Business	MUP: Mixed Use PUD	PO: Professional Office	LIR: Light Industry Restricted	PPP: Public Passive Park	APP: Active Public Park	(The zoning map is available at www.bainbridgetwp.com)					
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5. THE PROPOSED TEMPORARY STRUCTURE(S) OR USE(S):																	
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Other (Specify) _____																	
6. SUBMISSION OF SITE PLAN AND OTHER PLANS. THE ZONING INSPECTOR MAY REQUEST SUCH ADDITIONAL INFORMATION TO ENSURE COMPLIANCE WITH THE APPLICABLE PROVISIONS OF THE ZONING RESOLUTION OR WAIVE CERTAIN REQUIREMENTS THAT MAY BE INAPPLICABLE. SEE SECTION 161.03 OF THE ZONING RESOLUTION FOR REGULATIONS.																	

7. SUBMITTAL REQUIREMENTS	
A site plan submittal shall include the following information and other supporting plans. Plans shall be prepared by the owner, lessee, or a qualified contractor.	
Three (3) copies of the plan shall be provided and include:	
<ul style="list-style-type: none"> • Name, address, telephone number, email address, and location address. • Location of proposed temporary structure(s) or use(s) on the lot. • Setbacks of proposed temporary structure(s) or use(s) from lot lines. • Location of driveway(s) and parking area(s) with dimensions. • Location of trash receptacles and other sanitary facilities. • Location of exterior lighting fixtures. • Location and dimensions of signs. 	
9. OTHER REQUIREMENTS	
<ul style="list-style-type: none"> • Specify time frame, days, and hours of operation: _____ • Number of structures, trailers, mobile food units, containers: _____ • Attach written documentation and any licenses granted by the appropriate governmental agency to ensure that applicable public health, safety, sanitary, fire, and building/electrical codes have been met. • Provide written documentation that any LP gas supply system has been certified by a qualified entity. • Submit written documentation that the owner of the lot has provided permission to use the premises, if applicable. • Provide proof of insurance, if applicable. 	
10. 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 regulations specified in this application and such other applicable regulations in the 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. I hereby consent to the inspection of the subject lot and of any structure(s) or use(s) to be temporarily located thereon by the Zoning Inspector.	
Printed Name of Applicant:	Application Date:
Signature of Applicant:	
11. VALIDATION (Office Use Only)	
Zoning Certificate Number:	Date Issued:
Fee: \$	
Approved By:	
	Title