

 <p style="margin: 0;">Bainbridge Township 17826 Chillicothe Road Chagrin Falls, Ohio 44023 (440) 543-9871</p> <p style="margin: 0;">www.bainbridgetwp.com Email: zoning@bainbridgetwp.com</p>	APPLICATION FOR ZONING CERTIFICATE BLASTING	<p>DATE RECEIVED: (OFFICE USE)</p> <p>APPLICATION NO. _____</p> <p>FACILITY FILE NO. _____</p>									
<p>The undersigned hereby applies for a zoning certificate for blasting during excavation, drilling, or other reasons, 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 Contractor Architect/Engineer Other (describe): _____											
Applicant:											
Name _____		Email _____									
Address _____		City _____									
Phone Number(s) _____		Home _____									
Office _____		Mobile _____									
State _____		Zip _____									
3. ATTACH AUTHORITY TO MAKE APPLICATION IF APPLICANT IS NOT THE OWNER OF RECORD											
4. ATTACH A COPY OF THE RECORDED LEGAL DESCRIPTION OF THE PROPERTY											
5. 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> </table> <p>(The zoning map is available at www.bainbridgetwp.com)</p>			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
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									
6. ATTACH THREE (3) COPIES OF A SITE PLAN, TO SCALE, SHOWING THE AREA IN WHICH THE PROPOSED DANGEROUS ORDNANCE(S) IS TO BE USED, AND A BOUNDARY AREA OF 600 FT. RADIUS FROM SAID AREA. INDICATE ANY EXISTING STRUCTURES AND FURNISH NAMES AND TAX MAILING ADDRESSES OF ALL PROPERTY OWNERS IF WITHIN SAID 600 FT. RADIUS. SEE SECTION 185.03 (a) – (d) OF ZONING RESOLUTION.											
7. DESCRIPTION OF PROPOSED DANGEROUS ORDNANCE(S) TO BE USED:											
_____ _____											
8. DESCRIPTION AND ADDRESS(S) OF THE PLACES(S) WHERE, AND THE MANNER IN WHICH, THE PROPOSED DANGEROUS ORDNANCE(S) IS TO BE KEPT, CARRIED AND USED:											
_____ _____											

9. NAME OF CERTIFIED SEISMOLOGIST (COPY OF CERTIFICATE TO BE ATTACHED):	
10. BUSINESS ADDRESS OF CERTIFIED SEISMOLOGIST:	
11. LOCATION(S) OF WHERE PROPOSED DANGEROUS ORDNANCE(S) IS TO BE USED:	
12. DESCRIBE THE SPECIAL CIRCUMSTANCES AS TO WHY THE PROPOSED DANGEROUS ORDNANCE(S) IS TO BE USED:	
13. STARTING DATE OF PROPOSED BLASTING:	
14. FINISHING DATE OF PROPOSED BLASTING:	
15. INSURANCE	
Liability \$ _____ Property \$ _____ Company _____ Address _____ Local Agent _____	
16. 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.	
Printed Name of Applicant:	Application Date:
Signature of Applicant:	
17. VALIDATION (Office Use Only)	
Zoning Certificate Number:	Date Issued:
Fee: \$	
Approved By:	
	Title