

Bainbridge Township 17826 Chillicothe Road Chagrin Falls, Ohio 44023 (440) 543-9871

www.bainbridgetwp.com Email: zoning@bainbridgetwp.com

NON-RESIDENTIAL ADDENDUM

DATE RECEIVED:

(OFFICE USE)

APPLICATION NO	
FACILITY FILE NO.	

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.

1. NAME OF COMPANY									
Name				Email					
Address				City		State	Zip		
Phone Number(s)	Home		Office	1		Mobil	,		
2. NAME OF BUSIN	ESS OWNER								
Name				Email					
Address				City		State	Zip		
Phone Number(s)	Home	Office				Mobile			
3. NAME OF MANAGER									
Name				Email					
Address			City		State	Zip			
Phone Number(s)	Home		Office			Mobile			
4. DETAILED DESCRIPTION OF THE BUSINESS OR USE									
5. MAXIMUM NUMBER OF EMPLOYEES WORKING ON ANY SHIFT									
6. ATTACH A COPY OF ANY LICENSE(S) GRANTED BY OTHER GOVERNMENTAL AGENCIES REGULATING THIS BUSINESS USE									
7. 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. Printed Name of Applicant: Application Date:									
Three rame of Approxim						Tippination Sates			
Signature of Applican	nt:								
8. VALIDATION (Office Use Only)									
Zoning Certificate Number:									
Approved By:									
		Title							