

COPLEY TOWNSHIP ZONING DEPARTMENT
1540 S. CLEVE-MASS. ROAD
COPLEY, OHIO 44321-1998
330-666-0108

APPLICATION FOR HOME OCCUPATION ZONING CERTIFICATE

FEE - \$25.00 - NON-REFUNDABLE
TYPE OR PRINT - BLACK INK ONLY

Application # _____

Pursuant to O.R.C. 519.16 and Sec. 302 EE, and/or Sec. 410-2 D., Sec. 411-2 D., Sec. 412-2 D., Sec. 413-2 D., Sec. 414-2 E., Sec. 415-2 F., Sec. 416-2 C., and Sec. 440-2 G., of the Copley Township Zoning Resolution, the undersigned hereby applies for a Zoning Certificate for an accessory home occupation as defined in Sec. 202 of the Resolution, and further described hereinafter:

Name of Landowner: _____

Address: _____

Phone: (_____) _____

Name of Applicant / Agent: _____

Address: _____

Phone: (_____) _____

Name of Home Occupation: _____

Describe in detail the nature of the Home Occupation and location within building to be used:

NOTE: Area devoted to Home Occupation cannot exceed fifty percent (50%) of the gross floor area of the dwelling unit defined as useable floor space; exclusive of unfinished basements, porches, garages, breezeways, terraces, attics or partial stories.

DWELLING UNIT CALCULATIONS:

AREA IN SQUARE FOOTAGE

First Floor _____

Second Floor _____

Basement (if finished) _____

Other Useable Space
(Describe) _____

TOTAL GROSS FLOOR AREA OF DWELLING

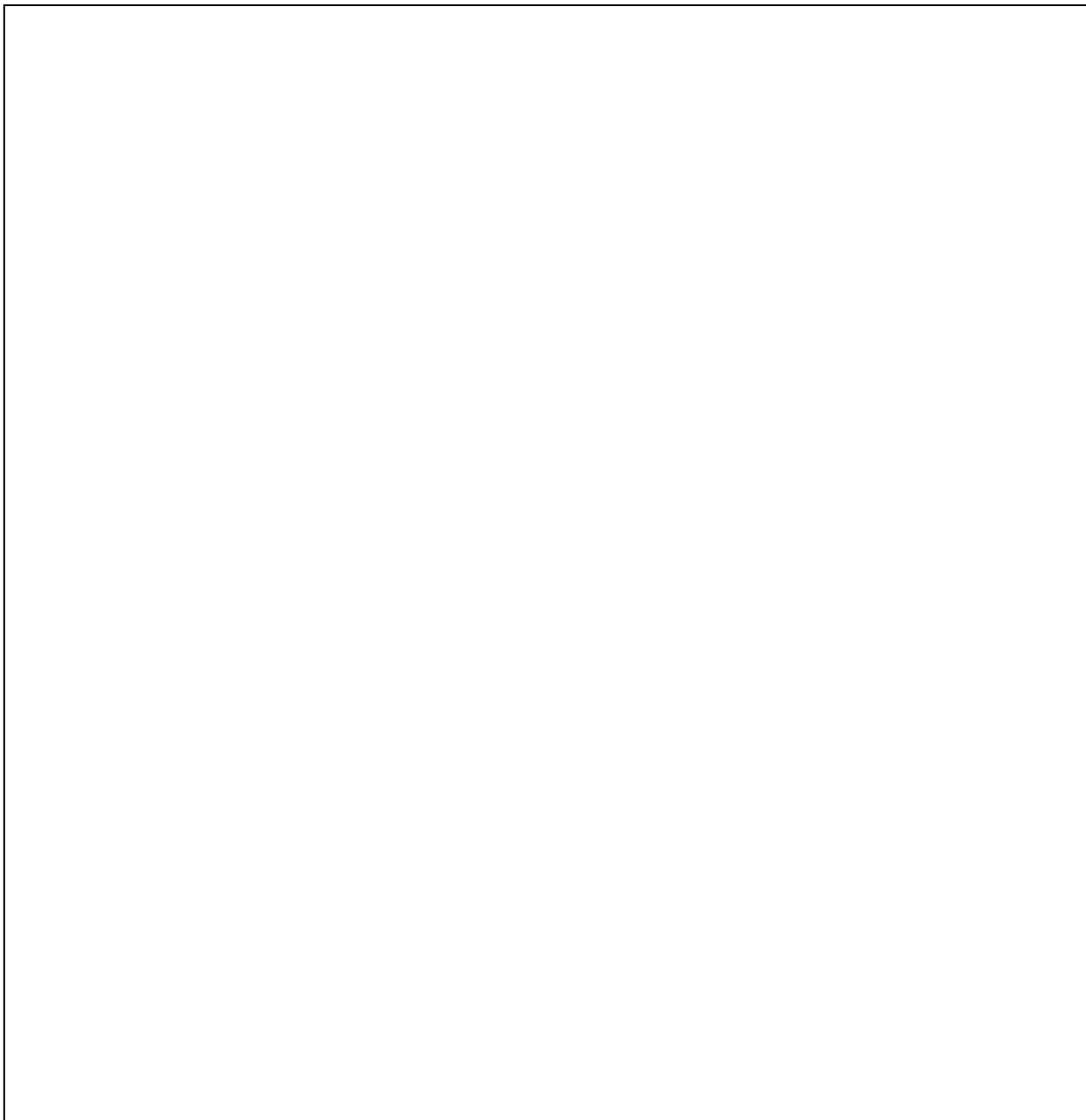
Total Square Footage Devoted to Home Occupation _____

Divided by

Total of Gross Floor Area Equals _____

PERCENTAGE OF TOTAL SQUARE FOOTAGE
DEVOTED TO HOME OCCUPATION _____ %

SITE PLAN LISTING ALL STRUCTURES ON PROPERTY

A large, empty rectangular box with a thin black border, intended for a site plan listing all structures on the property. The box is currently blank.

- H. Such use will comply with Sec. 3735 et seq. of the O.R.C. regarding hazardous waste, and;
- I. Such use does not permit the inclusion of a street address in any direct and/or mass mailing, newspaper, radio or television advertisement.

I hereby acknowledge that I have received for review a copy of the regulations pertaining to "Home Occupations", and understand all rules and regulations pertaining to such. I further acknowledge that I have reviewed this application, and that the information and statements hereon are indeed correct and complete.

HOME OCCUPATIONS NOT MEETING THE REQUIREMENTS OF SEC. 302 EE., SHALL BE PERMITTED AS CONDITIONAL USES UPON THE BOARD OF ZONING APPEALS' APPROVAL.

APPLICANT SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

FILED WITH THE ZONING INSPECTOR _____, 20 _____.

ZONING CERTIFICATE

Upon the basis of Application Number _____, the statements in which are made a part hereof, the proposed usage is found to be in accordance with the Township Zoning Resolution, Article III, Section 302 EE. and is hereby _____ for the _____ District.
(approved / rejected)

Township Zoning Inspector

COPLEY TOWNSHIP, SUMMIT COUNTY, OHIO

Date Application Received _____, 20 _____.

Date Application Ruled on _____, 20 _____.

Fee Paid - \$25.00

If certificate is refused, reason for refusal: _____

