

CHANGE OF NONCONFORMING USE APPLICATION

BZA CASE No.: _____

GENOA TOWNSHIP ZONING DEPT. (614) 899-0725 PHONE, (614) 882-7143 FAX
5111 S. OLD 3C HWY., WESTERVILLE, OHIO 43082, WWW.GENOAATWP.COM

ADOPTED: 01/03/08

PROPERTY OWNER(S): _____ PHONE: _____

MAILING ADDRESS: _____ EMAIL: _____

REPRESENTATIVE: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY ADDRESS (ATTACH A LEGAL DESCRIPTION): _____

SUBDIVISION NAME (IF APPLICABLE): _____ LOT NUMBER(S): _____ LOT SIZE: _____

ZONING DISTRICT(S): RURAL RESIDENTIAL (RR) SUBURBAN RESIDENTIAL (SR) PLANNED COMMUNITY FACILITIES (PCF)
 COMMUNITY BUSINESS (CB) PD-1 (RESIDENTIAL) PD-2 (COMMERCIAL) PD-3 (INDUSTRIAL-WAREHOUSE) PD-4 (OFFICE)

PRESENT USE(S): RESIDENTIAL COMMERCIAL INDUSTRIAL INSTITUTIONAL AGRICULTURAL OTHER: _____

DESCRIPTION OF CHANGE OF USE / SUBSTITUTION OF USE (USE SEPARATE SHEET IF NECESSARY): _____

BY SIGNING THIS APPLICATION ON THE LINE BELOW, I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE. I ALSO AGREE TO BE BOUND BY PROVISIONS OF THE ZONING RESOLUTION OF GENOA TOWNSHIP, AS WELL AS ACKNOWLEDGE THE FOLLOWING:

- I REQUEST CONSIDERATION FOR A CHANGE/SUBSTITUTION OF USE IN ACCORDANCE WITH GENOA TOWNSHIP ZONING RESOLUTION SECTION 805, WITH THE GRANDFATHERED LEGAL NON-CONFORMING USE ON THE PROPERTY SPECIFIED ABOVE.
- SHOULD THIS APPLICATION BE APPROVED, IT IS UNDERSTOOD THAT IT SHALL ONLY AUTHORIZE THAT PARTICULAR CHANGE/SUBSTITUTION OF USE DESCRIBED IN THE APPLICATION AND ANY CONDITIONS OR SAFEGUARDS REQUIRED BY THE BOARD OF ZONING APPEALS (BZA) PERTAINING TO THE USE SPECIFIED IN THIS APPLICATION. IF THIS USE IS DISCONTINUED FOR A PERIOD OF MORE THAN SIX (6) MONTHS, THIS PERMIT SHALL AUTOMATICALLY EXPIRE.
- I HAVE ATTACHED OR ENCLOSED 15 COPIES OF THIS APPLICATION, INCLUDING A NARRATIVE STATEMENT RELATIVE TO THE ABOVE CHANGE OF USE/SUBSTITUTION OF USE AND ALSO EXPLAIN THE ECONOMIC, NOISE, GLARE, AND ODOR EFFECTS ON ADJOINING PROPERTY AND THE GENERAL COMPATIBILITY WITH ADJACENT AND OTHER PROPERTIES IN THE DISTRICT.
- I HAVE ATTACHED OR ENCLOSED A LIST OF NAMES AND ADDRESSES OF ALL PROPERTY OWNERS CONTIGUOUS TO AND ACROSS THE STREET FROM THE PROPERTY FOR WHICH THE CHANGE/SUBSTITUTION OF USE IS REQUESTED. ALSO, PROVIDED IS A SET OF ADDRESSED AND STAMPED PLAIN WHITE BUSINESS SIZE ENVELOPES FOR THE NAMES ON THIS LIST.
- I HAVE SUBMITTED APPLICABLE FEES, PER THE CURRENT GENOA TOWNSHIP ZONING FEE SCHEDULE AND ACKNOWLEDGE THAT ADDITIONAL FEES WILL BE DUE FOR SUBSEQUENT PUBLIC HEARINGS, IF I SO CHOOSE TO TABLE OR WITHDRAW THIS APPLICATION.

SIGNATURE OF OWNER(S)/AGENT

OWNER(S)/AGENT'S NAME PRINTED OR TYPED

DATE OF APPLICATION

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

DATE RECEIVED: _____ STAFF COMPLETING REVIEW: _____ COMPLETE APPLICATION: YES NO

DATE OF ACTION: _____ ACTION: APPROVED DENIED FOUNDATION SURVEY REQUIRED NOTES: _____