

CHANGE OF PERMITTED USE APPLICATION

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

PERMIT No.: _____

ADOPTED: 01/03/08

PROPERTY OWNER(S): _____ PHONE: _____

MAILING ADDRESS: _____ EMAIL: _____

BUSINESS NAME(S): _____

BUSINESS OWNER(S): _____ PHONE: _____

ALTERNATIVE ADDRESS: _____ EMAIL: _____

PARENT COMPANY (IF APPLICABLE): _____ ADDRESS: _____

NAICS CLASSIFICATION(S): _____ TOTAL NUMBER OF EMPLOYEES: _____ NUMBER OF EMPLOYEES AT THIS LOCATION: _____

NUMBER OF PROVIDED PARKING SPACES: _____ HOURS OF OPERATION: _____

DESCRIPTION OF ACTIVITIES: _____

PROPERTY ADDRESS: _____

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: _____

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 HAVE ATTACHED OR ENCLOSED WITH THIS APPLICATION ALL MATERIALS WHICH ARE TO BE CONSIDERED FOR APPROVAL WITH THIS APPLICATION FOR A CHANGE OF PERMITTED USE.
- I UNDERSTAND THIS APPLICATION DOES NOT PERMIT ANY PHYSICAL OR STRUCTURAL MODIFICATION TO THE PROPERTY FOR WHICH I PLAN TO LOCATE THE PROPOSED BUSINESS. SUCH MODIFICATIONS MAY REQUIRE SEPARATE APPLICATION.
- I UNDERSTAND THAT IT SHALL BE UNLAWFUL TO USE OR OCCUPY ANY BUILDING OR PREMISES UNTIL THE USE HAS BEEN APPROVED.
- I HAVE SUBMITTED APPLICABLE FEES, PER THE CURRENT GENOA TOWNSHIP ZONING FEE SCHEDULE.

SIGNATURE OF OWNER(S)/LEASE

OWNER(S)/LEASE'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 NOTES: _____