APPLICATION FOR

ZONING PERMIT

CHAGRIN FALLS TOWNSHIP APPLICATION NO. _____

APPLICANT hereby certifies that this Application, and all supporting documentation submitted herewith, is true and correct. **APPLICANT** acknowledges that this Zoning Permit Application must be approved and signed by the Township Zoning Inspector before requesting a Building Permit from the Moreland Hills Building Inspector, as agent for Chagrin Falls Township.

Permanent Parcel No.: _____

Street Address: _____

Lot Width: _____ **Lot Depth:** _____ **Lot Area:** _____

Owner's Name: _____

Owner's Address: _____

Owner's Telephone: _____ **Date:** _____

REQUIRED ACTION OF THE BOARD OF ZONING APPEALS on the _____ day of _____ 20___, was as follows:

_____ Approved _____ Conditional Approval

_____ Disapproval _____ Reasons for approval or disapproval attached

_____ **Date:** _____
Signature

ONING INSPECTOR having received this Application on the _____ day of _____, 20____, is referring this Application to the Board of Zoning Appeals for the following reasons:

_____

_____

_____

_____ **Date:** _____