

Application No. _____

**APPLICATION FOR CONDITIONALLY PERMITTED
HOME BASED BUSINESSES ZONING CERTIFICATE
MANTUA TOWNSHIP, PORTAGE COUNTY**

To: The Chairman of the Board of Appeals:

On _____ / _____ / _____, I _____

was refused a zoning certificate by the Zoning Inspector of Mantua Township for;

Intended use _____

Address _____

_____ R-1 _____ R-2 _____ R-3 _____ C _____ LRM _____ I _____

Zoning Subdivision (check)

I now make application to the Mantua Township Board of Zoning Appeals for a Conditionally Home Based Business Zoning Certificate.

Name of legal land owner _____

Address _____

Telephone _____

State the Conditional Use requested _____

Section and number of the Zoning Resolution that the intended use violates: _____

Briefly, state your reasons for the request: _____

You may attach an expanded statement and appear and explain your request at the hearing.

When did you purchase the property? _____

What was the zoning classification at the time of purchase? _____

I understand I am requested to attend the public hearing and state my reasons for requesting the hearing and facts to support the request. I understand I may be represented by my authorized agent with power of Attorney for this purpose unless my attendance is required by the Board.

My authorized agent is: _____

Address: _____

Telephone/e-mail _____ / _____

Date: _____ Signature: _____

You will need to attach the following:

- 1) Filing fee of _____ payable to: Mantua Township Trustees (non-refundable).
- 2) Your application for zoning certificate that was rejected and signed by the Zoning Inspector.
- 3) Include new plat map; to be obtained from the Portage County Tax Map Office by the applicant.
- 4) Include a clearly drawn, reproducible map showing land and pertinent features; important to the request. Show the location of all existing and proposed structures, the types of buildings and their existing and proposed uses, complete plans and specifications including all dimensions for all proposed development and construction.
- 5) Include a statement evaluating the effect and compatibility on adjacent properties.
- 6) Include the legal description of the property, as it appears on the deed.
- 7) Include the names and addresses of all adjoining property owners including those across the street.
- 8) Include a brief response to each of the following standards:
 - 1) Such use shall be conducted entirely within a residential dwelling unit and/or permitted accessory building(s) and there shall be no outdoor storage of materials of any kind connected with the Home Based Business.

- 2) The basis of calculation for total area that may be used for the home based business is 25% of the gross floor area of the residential unit and 25% of the gross floor area in an accessory building on site.

- 3) Any number of home based businesses per dwelling unit and its accessory buildings are permitted, provided that all of the conditions stipulated herein shall be complied with collectively, as if determined for a single use on the site.

- 4) The total number of customer vehicles, at any one time, shall be limited to no more than two (2) vehicles.

- 5) The home based business shall have no more than (2) non-resident employees assigned to work on the premises at any one time. The number of non-resident employees working at locations

other than the home based business is not limited.

- 6) No more than one (1) commercial vehicle shall be parked outside the home based business; all other commercial vehicles must be parked within a completely enclosed building.

- 7) There shall be no visible evidence of such use from the street or adjacent property, except one (1), (unlighted) sign, as regulated by Section 1000.00, is permitted with no other outward evidence of such use.

- 8) No home based business may manufacture, store or sell toxic or hazardous materials.

NOTE:

NO ACTION WILL BE TAKEN IF THE INFORMATION AND MATERIALS ARE NOT SUPPLIED OR IF THE FORM IS NOT FILLED OUT COMPLETELY

Send to the Board of Zoning Appeals Chairman.

PLEASE DO NOT WRITE IN THE FOLLOWING SECTION

FOR OFFICIAL USE ONLY

Summary Hearing Record:

Date advertised: _____

Date of hearing: _____

Operative motions(s)

Vote on:	Motion 1.	Motion 2.	Motion 3.
M _____	_____	_____	_____
M _____	_____	_____	_____
M _____	_____	_____	_____
M _____	_____	_____	_____
M _____	_____	_____	_____

Decision of Board: _____

Facts found and reasons for decisions: _____

Entry in record of board on (date) _____

By _____

Attest: _____