

# APPLICATION FOR ZONING PERMIT

(Allow 3 Business Days to Process)

**AMHERST TOWNSHIP**  
**7530 OBERLIN ROAD**  
**ELYRIA OHIO 44035-1904**  
**ZONING INSPECTOR: (440) 988-5894**

**ZONING PERMIT NO.** \_\_\_\_\_

The undersigned hereby applies to Amherst Township, Lorain County, Ohio, for a Zoning Certificate for the following use to be issued on the basis of the representations herein contained, all of which the applicant swears to be true. The applicant understands this Zoning Permit shall expire and **shall** be revoked if work has not begun within 6 months and zoning fees are **NOT refundable**. Construction must be completed in 18 months or a new permit is required.

## SIGN

LANDOWNERS NAME \_\_\_\_\_

MAILING ADDRESS/CITY \_\_\_\_\_

PHONE(S) [H=HOME, C=CELL, W=WORK] \_\_\_\_\_

LOCATION OF PROPERTY \_\_\_\_\_

PERMANENT PARCEL NO. 05 - 00 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_

ADDRESS/CITY \_\_\_\_\_

WORK PHONE \_\_\_\_\_ COST OF CONSTRUCTION \$ \_\_\_\_\_

TYPE OF SIGN \_\_\_\_\_

**SIGN** = WIDTH \_\_\_\_\_ **×** HEIGHT \_\_\_\_\_ **→** SQUARE FEET \_\_\_\_\_

**LETTER** = (WIDTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ (FLASHING SIGNS ARE **NOT** PERMITTED)

SET BACK FROM STREET RIGHT-OF-WAY = \_\_\_\_\_ FT **◆** DISTANCE FROM SIDE LOT LINES = \_\_\_\_\_ FT

AMOUNT OF FEE = \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ DATE PAID \_\_\_\_\_

The acceptance of the permit herein applied for shall constitute an agreement on my part to abide by all the conditions herein contained and comply with all ordinances of the Township of Amherst and the laws of the State of Ohio, relating to the work to be done, thereafter, and said agreement is a condition of said permit.

PRINTED NAME OF APPLICANT \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

Upon the basis of the above application, the statements which are made a part thereof, the proposed usage is found (to be) (not to be) in accordance with the Township Zoning Resolution and is hereby (approved) (not approved) for the following District: \_\_\_\_\_.

DATE OF APPROVAL \_\_\_\_\_ DATE OF DENIAL \_\_\_\_\_

SIGNATURE OF AMHERST TOWNSHIP ZONING INSPECTOR \_\_\_\_\_

● Work must begin within 6-months and must be completed within 1-1/2 years from the date of issuance of this permit.

**SITUATION PLAN TO BE DRAWN TO SCALE IN INK**

ATTACH A DRAWING OF THE SIGN INCLUDING LETTERING, AND TYPE OF ILLUMINATION (IF ANY). INDICATE THE SIGN'S PLACEMENT ON THE LOT, AND SET BACK FROM STREET RIGHT-OF-WAY AND SIDE LOT LINES.