

440 834 9824

Village of Burton

Zoning Office
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P.O. Box 408
Burton, Ohio 44021
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Rick Gruber
ZONING INSPECTOR

\$50.00

Application for Zoning Certificate

Date: 6/29/22

Application # 1053-22

To the Zoning Inspector of the Village of Burton:

The undersigned hereby applies for a Zoning Certificate for the following use, to be issued on the basis of the representations contained herein, all of which applicant swears to be true:

1. Location of Property 14095 East Center St

2. Name of Land Owner Burton Healthcare Center Phone No. (440) 834-1084

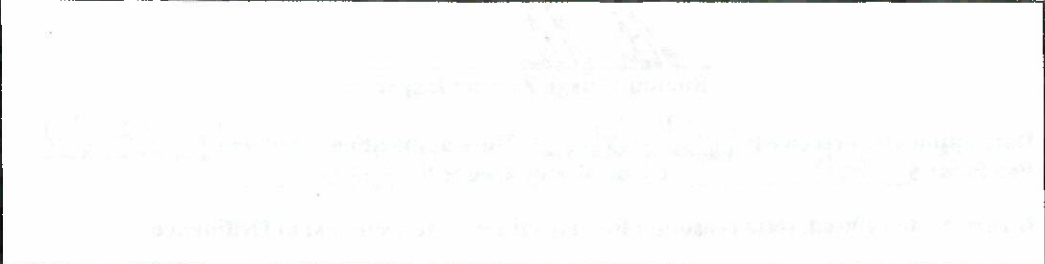
3. Occupant's Name Burton Healthcare Center Phone No. (440) 834-1084

4. Proposed Use: New Construction Fence
 Remodeling # Of Families

Zone # Sign Board-size Other: Explain _____

5. Person or firm to do the work: Burton Healthcare Center

6. Sketch of owner's lot, showing all existing buildings and all proposed construction or use for which application is made. (Fill in dimensions & attach any additional information.)



7. General Specifications: Depth of lot from road margin _____ feet

Main road frontage _____ feet

Side yard clearance:

_____ side _____ feet

_____ side _____ feet

Dimensions of building:

length _____ feet

width _____ feet

General Specifications:
Rear yard clearance _____ feet

Highest point of building above the
Established grade is _____ feet

PART 153 014

8. Building(s) use _____

Number of stories _____ Basement _____ Usable floor space designed for use as living quarters, exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories.

First floor _____ square feet Second floor _____ square feet
Basement _____ square feet
Off street parking _____ square feet Access to parking area _____

9. Additional remarks Facility requesting temp banner to advertise Craft show. Banner will be up 6/30-7/1/22

10. It is understood and agreed by this applicant that any error, misstatement, or misrepresentation of material fact or expression of material fact, either with or without intention on the part of this applicant, might or would operate to cause a refusal of this application; or any material alteration or change in the accompanying plans, specifications, or structure, made subsequently to the issuance of a certificate in accordance with this application, without the approval of the Zoning Inspector, shall constitute sufficient grounds for the revocation of such certificate.

Kimberly Siglaw
Witness

[Signature] Administrator

Note: This form is to be filed in triplicate w/e.

DO NOT WRITE BELOW THIS LINE

Filed with the Zoning Inspector on (date) _____

Zoning Certificate

Upon the basis the above application # _____, the statements in which are made a part hereof, the proposed usage 15 found to be in accordance with the (is-is not)

Village Zoning Ordinance and is hereby APPROVED (approved-refused)

[Signature]
Burton Village Zoning Inspector

Date application received: 6/29/2022 Date application ruled on: 6/29/22
Fee Paid: \$ 50 CK or Money Order # CASH

If certificate refused, state reason(s) for refusal and cite section(s) of Ordinance:

Any appeal from this ruling must be made to the Burton Village Zoning Board of Appeals not later than twenty (20) days from the date of this ruling.

Copies to:

Original Zoning File Applicant Clerk Zoning Inspector's File