HINCKLEY TOWNSHIP
1410 Ridge Road Hinckley, Ohio 44233
330-278-4181 www.hinckleytwp.org

Permit No. _____
Assigned by the Township Zoning Inspector

CHANGE OF USE PERMIT

LOCATION OF PROPOSED USE

_____ _____
Street Address *Permanent Parcel Number*

_____
Building Unit # / Suite # / Apt #

Property Zoned As / District:

Residential ☐ R1 ☐ R2 Business ☐ B1 ☐ B2 ☐ B3 Industrial ☐ I1 ☐ I2

TERM OF USE

☐ Permanent ☐ Temporary

If temporary use, list dates below:

From _____ To _____

Township Zoning Inspector to confirm Temporary Use ended & and back to original use by obtaining verification from the Property Owner noted below.

Name of Applicant (Property Owner)

_____

_____
Street Address, City, State & Zip Code

_____ _____
Home/Business Phone *Cell Phone*

Email Address _____

Name of Occupant (Tenant, if applicable):

_____

_____ _____
Home/Business Phone *Cell Phone*

Email Address _____

DESCRIPTION OF PROPERTY / BUILDING/STRUCTURE USE

Existing Use: _____

_____

_____

New Use: _____

_____

_____

_____

_____

Company Name: _____

Supplemental Forms / Materials

☐ SITE PLAN (Plot Plan) to scale showing property boundaries, location of existing & proposed buildings / structures, setbacks and lot dimensions

☐ BUILDING / FLOOR PLANS Use & area dimensions

☐ PARKING (if property / building/structure is utilized for multi-use purposes, must show all parking *(Refer to Chapter 9 – Parking & Loading Regulations)*

☐ SIGNAGE *(Refer to Chapter 10 – Sign Regulations)*

INFORMATION GUIDE

1. To determine if the change of use is a Permitted Use, Accessory Use or Conditional Use *(Refer to Chapter 6: District Regulations)*
2. No use, change of use, or new use, shall be permitted until such use has received written site plan approval from the Township Zoning Commission. (*Refer to Chapter 6: District Regulations and Chapter 11, Site Plan Review)*
3. If your proposal requires additional changes to the property and/or building/structure; proper permitting is required.

The undersigned hereby applies for a Change of Use Permit for the described use, to be issued on the basis of the information contained within this Application and its attachments; certifies that all information and attachments to this application are true and correct; and has read and understands the Township Zoning Regulations pertinent to this application and agrees to meet all requirements if this Change of Use Permit is granted.

_____ Date: _____
Signature of Applicant (Property Owner)

FOR OFFICE USE

_____ _____
Date Received Date Reviewed by Zoning Inspector

☐ Permitted Use

☐ *Conditional Permitted Use *(Refer to Chapter 7: Conditional Use Certificate)*

☐ *Similar Use Finding *(Refer to Chapter 4: General Regulations)*

Prior to the approval or denial of the Change of Use Permit, the Zoning Inspector shall forward to the Zoning Commission for review.

Date forwarded to Zoning Commission: _____

Date of Zoning Commission Site Plan Review: _____

Comments: _____

_____

_____

Zoning Commission: Decision Date _____
☐ Approved ☐ Denied (see comments)

*Board of Zoning Appeals: Decision Date _____
☐ Approved ☐ Denied (see comments)

_____ _____
Zoning Inspector Signature Date

Date applicant notified and Change of Use permit mailed: _____