



Concord Township,

Lake County, Ohio

7229 Ravenna Road
 Concord Township, OH 44077
 (440)354-7505 or 354-7506
 www.concordtwp.com

Outdoor Storage Unit Permit Application

| | | | |
|--|---|-----------------|-----|
| APPLICANT/OWNER & PROPERTY INFORMATION | Applicant | | |
| | Address | City | Zip |
| | Phone | Email | |
| | Property Owner(if different than applicant) | | |
| | Address | City | Zip |
| | Phone | Email | |
| | Date Of Placement | Date of Removal | |
| | Size of POD | | |

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| SUBMITTAL REQUIREMENTS | <p>One (1) completed original application form for outdoor storage units, and the following shall be filed with the Zoning Office. Incomplete applications will not be accepted.</p> <ol style="list-style-type: none"> 1. Survey or plot plan indicating the location of the temporary outdoor storage unit. 2. Deposit amount of \$100 with application, which shall be refunded if the unit is removed by the expiration date. |
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| TOWNSHIP REGULATIONS | <p>(See Section 15.03 L of the Zoning Resolution for full list of applicable requirements.)</p> <ol style="list-style-type: none"> 1. Not more than two (2) temporary outdoor storage units shall be permitted per calendar year. 2. Only one (1) unit shall be stored on a property at any given time, for a period up to 30 days (extensions may be granted, not to exceed a total of 90 days). 3. The maximum size of a temporary outdoor storage unit shall not exceed 10'x10'x22'. 4. Units are prohibited from being placed within the right-of-way, on the front lawn of a property, or in any temporary road or cul-de-sac easements. Units must be kept in the driveway or on a paved surface, at the furthest accessible point from the street, as approved by the Zoning Inspector. 5. Any unit found to be in violation of these requirements will be subject to the applicable penalties set forth in the Concord Township Zoning Resolution. |
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I hereby certify all the above statements, submitted information, and attached drawings to be factual and representative of the existing and proposed conditions of the property relative to this application.

APPLICANT (PRINTED NAME) _____ DATE _____

APPLICANT (SIGNATURE) _____

*****TO BE COMPLETED BY CONCORD TOWNSHIP ZONING DEPARTMENT*****

DATE APPLICATION RECEIVED _____ DEPOSIT PAID _____ CASH OR CHECK NO. _____

Deposit refunded ONLY if unit is removed by expiration date.

EXTENSION GRANTED: YES NO EXPIRATION OF EXTENSION: _____

DATE UNIT REMOVED: _____ DATE DEPOSIT REFUNDED: _____

Zoning Inspector

Date