

Village of Burton  
Zoning Office  
14588 West Park Street (S.R. 87)  
P.O. Box 408  
Burton, Ohio 44021



Rick Gruber  
Zoning Inspector

Phone: 440-834-4474  
Fax: 440-834-1446

558341  
\$5.00

Historic District Construction Permit

Date: 4/15/2021

Application # 2021-05

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. Property Address 14531 N. Cheshire St

2. Name of Land Owner Ross Hornak Phone No. 440-724-1916

3. Occupant's Name Anne Layne & Beth Brent Phone No. 440-477-8446  
Anne

4. Type of Change:  Alteration  Moving  Grading/excavation  
 Addition  Demolition  Sign  
 New Building  Repair  Other

Please explain type of change: \_\_\_\_\_

5. Work to be performed by: Willowleaf Sign Co., David Brent

Anticipated Start Date: asap Year structure was built: \_\_\_\_\_

6. Attachments to this application:

Photographs required of each side of existing building or house

Color swatches for any changes to paint or siding colors; product literature for any products or materials to be used is required. attached

Construction Plans if an addition, including:

Site Plan (Review the requirements of Section 159.09(b))

Plat of property or legal description

Plan and elevation views

Construction details (pertinent to the revisions and project)

Other attachments: \_\_\_\_\_

7. Description of Proposed Work: (Include materials to be used, composition of material, dimensions, etc.)

*See attached*

*A.J.*  I am the owner of the property, or I have advised the owner of this property of the intended work.

*A.J.*  I understand that I or my representative is required to attend the Public Meeting.

*A.J.*  The information on this application represents an accurate description of the proposed work. I have omitted nothing which might affect the decision of the Historic Review Board. I understand that the approval of this application by the Historic District Review Board does not constitute approval of other required permit applications.

*[Signature]*  
Applicants Signature

*4/15/2021*  
Date

*[Signature]*  
Board Approval - Chairperson Signature

*4/26/21*  
Date

Issuance of Historic Construction Permit by Zoning Inspector

Date

If permit is refused or stipulations to approval have been added by the Board, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_