

Date _____

Zoning Certificate Number _____

City of Tallmadge
Building & Zoning Department
46 North Avenue / P.O. Box 35
Tallmadge, Ohio 44278
330-633-0090 Direct Line / 330-633-1359 Fax

Zoning Certificate Application

Address _____ **Total Estimated Cost** _____

Owner's Name _____ Phone No.s _____

Contractor' Name _____ Phone No.s _____

Contractor's Address _____

Size of Lot _____ Subdivision _____ Lot Number _____

Zoning District _____

Description of Work _____

ACCESSORY STRUCTURES / INSTALLATIONS

Accessory structures 200 sq. feet and under \$ 30.00

FENCES \$ 30.00

OCCUPANCY/CHANGE OF USE \$ 50.00

BUSINESS NAME _____ PHONE NO.S _____

BUSINESS OWNER'S NAME _____

BUSINESS OWNER'S ADDRESS _____

CONTRACT

To the City of Tallmadge: The undersigned (if not the owner) hereby states that authority has been granted by the owner to apply for this permit. This application is submitted for a permit to erect or alter a structure as described in this application, and the accompanying drawings, which are a part of this application. The acceptance of this permit herein applied for shall constitute an agreement on the part of the undersigned to abide by all the conditions herein contained. The undersigned shall comply with all ordinances, rules, and regulations of the City of Tallmadge, the adopted construction codes, the laws of the State of Ohio, and this agreement, as a condition of said permit. Further, all work shall be conducted in a workmanlike manner, and all required inspections shall be called into our office voice mail number (330-633-0090) at least 24 hours in advance.

Signature & Printed Name of Owner or Contractor / Date

City of Tallmadge Approval / Date