



ZONING APPLICATION FOR FENCES / WALLS

Include a site plan, construction plan and payment with **completed** application.

It is the property owner's responsibility to locate and mark property boundaries.

Site Plan at minimum to include total area and dimensions of property and all existing and proposed structures and/or alterations.

FEE: \$30 RECEIPT # _____

Project Address:				Zoning District:
Description of Work: <i>(i.e. FENCE, WALL, ETC..)</i>				
Use:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	

APPLICANT NAME:			
PHONE:		EMAIL ADDRESS:	

PROPERTY OWNER INFORMATION				
Name				
Mailing Address				
City	State	Zip Code		
Phone Number	Email Address			

CONTRACTOR INFORMATION				
<i>(All contractors working in the right-of-way are required to register with the City)</i>				
Company Name				
Mailing Address				
City	State	Zip Code		
Contact Person				
Phone Number	Email Address			

Board/Commission approval for project? Yes No N/A

If yes, Date Granted: _____ By: _____

(Indicate Board or Commission)

PROPERTY DETAILS:

Are there any Easements and/or Riparian Setbacks associated with this property? Yes No

Describe the Easement and/or Riparian Setback: _____

Is this property subject to specific deed restrictions and/or Homeowner's Association? Yes* No

* Has HOA authorization been granted? Yes No

Project Details on Page 2

PROJECT DETAILS:

Describe the purpose of the project:

Estimated cost of improvements for which this application is being made: _____

Material of the fence/wall: _____

What is the size, in feet, of the proposed new structure?

Width: _____ Length: _____ Height from grade: _____

List setback distances, in feet, measured from the nearest point of proposed structure(s) to each property line

Front	Rear	Left	Right
Setback*: _____	Setback: _____	Setback: _____	Setback: _____

* Note: both sides of a corner lot with frontage on street are considered front setbacks.

Approvals are solely based on information and plans submitted and becomes void if altered without prior approval of the Planning & Zoning Department. A Zoning Certificate under which no work is commenced within one (1) year shall expire per TCO 1136.02 (c).

THE UNDERSIGNED HEREBY CERTIFIES & AGREES TO COMPLY WITH ALL THE LAWS OF THE STATE OF OHIO AND CITY OF TALLMADGE ZONING CODE AND TO CONSTRUCT THE PROPOSED PROJECT IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith AND CERTIFY THAT THE INFORMATION IN AND WITH THIS APPLICATION ARE TRUE AND ACCURATE, AND CONSENTS TO AGENTS OF THE CITY ENTERING PREMISES FOR INSPECTION AND VERIFICATION OF INFORMATION SUBMITTED.

_____ I UNDERSTAND THAT I MUST CONTACT THE SUMMIT COUNTY DEPARTMENT OF BUILDING STANDARDS (330-630-7280) TO VERIFY BUILDING DEPARTMENT REQUIREMENTS FOR APPLIED PROJECTS & OBTAINING A BUILDING PERMIT (if required) PRIOR TO COMMENCING WORK ON THE PROPOSED PROJECT.

_____ I UNDERSTAND THAT I MUST CONTACT THE CITY OF TALLMADGE ZONING DEPARTMENT WHEN THE PROJECT IS STAKED OUT FOR SETBACK COMPLIANCE. I AM RESPONSIBLE FOR MAINTAINING THE APPROVED SETBACKS. A FINAL ZONING INSPECTION MUST BE SCHEDULED BY THE APPLICANT.

Applicant Signature: _____ Date: _____

Owner/Authorized Agent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

- Approved
- Approved as Noted
- Denied

City of Tallmadge Approval: _____ Date: _____