



## RESIDENTIAL ZONING APPLICATION

**Please include a Site Plan, Building Plan and payment with completed application.**

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

<b>Project Address:</b>		<b>Zoning District:</b>
<b>Description of Work:</b> <i>(i.e. addition, fence, pool, shed...)</i>		

<b>APPLICANT NAME:</b>			
<b>PHONE:</b>		<b>EMAIL ADDRESS:</b>	

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

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

ZONING FEE SCHEDULE (select all that apply)	
<input type="checkbox"/> Residential New Construction	\$100
<input type="checkbox"/> Residential Addition/Alteration	\$75
<input type="checkbox"/> Residential Multi-Family (per dwelling)	\$50
<input type="checkbox"/> Accessory Structure < 200 sq. ft.	\$30
<input type="checkbox"/> Accessory Structure > 200 sq. ft.	\$50
<input type="checkbox"/> Fence/Wall      Fencing material _____	\$30
<input type="checkbox"/> Deck	\$30
<input type="checkbox"/> Swimming Pool (In-Ground)	\$30
<input type="checkbox"/> Swimming Pool (Above Ground)      Height from Grade: _____ feet	\$30
<input type="checkbox"/> Other: _____	
<b>Total:</b>	

**Please Note: It is the property owner's responsibility to locate and mark property boundaries.**

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Board Commission approval for project?  Yes  No  N/A

If yes, Date Granted: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_  
(Indicate Board of Commission)

Is the property on a Corner?  Yes  No

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

If yes, has HOA authorization been granted?  Yes  No

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

Front Setback\*: \_\_\_\_\_ Rear Setback: \_\_\_\_\_ Left Setback: \_\_\_\_\_ Right Setback: \_\_\_\_\_

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

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

Width: \_\_\_\_\_ Length: \_\_\_\_\_ Height from grade: \_\_\_\_\_

For Residential New Construction/Addition/Alteration:

One Story  One and One-Half Story  Two Story \_\_\_\_\_ Main/Ground Floor Area (Sq. Ft.)

For New Construction (only) D.O.S.S.S Permit No: \_\_\_\_\_

*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 THAT THE INFORMATION IN AND WITH THIS APPLICATION IS TRUE AND ACCURATE, AND CONSENTS TO AGENTS OF THE CITY ENTERING PREMISES FOR INSPECTION AND VERIFICATION OF INFORMATION SUBMITTED IF THIS APPLICATION IS APPROVED.**

\_\_\_\_\_ I UNDERSTAND THAT I MUST CONTACT THE SUMMIT COUNTY DEPARTMENT OF BUILDING STANDARDS (330-630-7280) TO VERIFY BUILDING DEPARTMENT REQUIREMENTS FOR APPLIED PROJECTS.

\_\_\_\_\_ 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Tallmadge Service Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

City of Tallmadge Approval: \_\_\_\_\_ Date: \_\_\_\_\_