



**ZONING PERMIT APPLICATION**

**Zoning District** \_\_\_\_\_

**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>Description of Work:</b> | <i>i.e. addition, fence, pool, accessory structure (shed, gazebo, pergola...)</i> |

|                        |  |              |  |              |  |
|------------------------|--|--------------|--|--------------|--|
| <b>APPLICANT NAME:</b> |  | <b>PHONE</b> |  | <b>EMAIL</b> |  |
|------------------------|--|--------------|--|--------------|--|

| PROPERTY OWNER INFORMATION |  |                 |  |          |  |
|----------------------------|--|-----------------|--|----------|--|
| Name                       |  |                 |  |          |  |
| Mailing Address            |  |                 |  |          |  |
| City                       |  | State           |  | Zip Code |  |
| Phone Number               |  | Alternate Phone |  |          |  |
| Fax Number                 |  | Email Address   |  |          |  |

| CONTRACTOR INFORMATION   |  |                 |  |          |  |
|--|--|-----------------|--|----------|--|
| <b>Contractor Licensed:</b> <input type="checkbox"/> State <input type="checkbox"/> County # _____<br>Contractor working in the right-of-way is required to register with the City |  |                 |  |          |  |
| Name   |  |                 |  |          |  |
| Mailing Address  |  |                 |  |          |  |
| City   |  | State           |  | Zip Code |  |
| Phone Number   |  | Alternate Phone |  |          |  |
| Fax 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  | \$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

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 measured from the nearest point of existing and proposed structures to each property line? (feet)

What is the size of the proposed new structure? (feet)

Front Setback\*: \_\_\_\_\_ Rear Setback: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_  
Left Setback: \_\_\_\_\_ Right Setback: \_\_\_\_\_ Height from grade: \_\_\_\_\_

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

**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.E.S./D.O.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 Permit 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: \_\_\_\_\_