



**ZONING CERTIFICATE FOR USE AND COMPLIANCE**

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

**FEE: \$50** **RECEIPT #** \_\_\_\_\_

A Zoning Certificate for Use and Compliance is required prior to occupation of commercial, industrial and multi-family structures under Tallmadge Codified Ordinances Chapter 1136.02. A Certificate must also be obtained whenever a business changes ownership or a full/partial change from one business use to another occurs. A change in use may also require a review by the Planning and Zoning Commission.

**SIGNAGE:** Zoning approval is required in advance for all Temporary & Permanent Signs. Contact the Planning & Zoning Department to discuss signage needs.

Upon proper submittal of all required information and approval by the Tallmadge Planning and Zoning Department, it is the Applicant's responsibility to contact the Summit County Department of Building Standards (330-630-7280) and the Tallmadge Fire Department (330-633-0970) to verify any other requirements.

**New Tenant**       **Change of Use**       **Floor Plan Attached** (if interior changes will be made)

|  |                  |                  |  |
|--|------------------|------------------|--|
| <b>BUSINESS NAME</b>   |                  |                  |  |
| <b>STREET ADDRESS</b>  |                  |                  |  |
| <b>BUSINESS OWNER</b>  |                  |                  |  |
| <b>MANAGER OF FACILITY</b>                                       |                  |                  |  |
| <b>DAYS/HOURS OF OPERATION</b>                                   |                  |                  |  |
| <b># OF EMPLOYEES</b>  | <b>FULL TIME</b> | <b>PART TIME</b> |  |
| <b>ANTICIPATED ANNUAL PAYROLL</b><br>(excluding health benefits) |                  |                  |  |

|  |                                       |   |
|--|---------------------------------------|---|
| <b>BUSINESS TYPE</b>   | <input type="checkbox"/> Commercial   | <input type="checkbox"/> Industrial           |
|  | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Public/Institutional |
| Detailed description of proposed business operation, service or product: |                                       |   |

|   |  |                      |                       |                 |
|---|--|----------------------|-----------------------|-----------------|
| <b>MAILING ADDRESS</b>                  |  |                      |                       |                 |
| <b>CITY</b>                             |  | <b>ST</b>            |                       | <b>ZIP CODE</b> |
| <b>24/7 EMERGENCY CONTACT</b>           |  |                      | <b>24/7 PHONE</b>     |                 |
| <b>MOBILE PHONE</b>                     |  |                      | <b>BUSINESS PHONE</b> |                 |
| <b>FAX</b>                              |  | <b>EMAIL ADDRESS</b> |                       |                 |
| Property Owner/Landlord (if different): |  |                      |                       |                 |
| Property Owner Address:                 |  |                      |                       |                 |

Application Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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, AND IF THIS APPLICATION IS APPROVED, TO VERIFY CONFORMANCE TO REQUIREMENTS AND CONDITIONS OF SUCH APPROVAL.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City of Tallmadge Signature: \_\_\_\_\_ Date: \_\_\_\_\_