

VILLAGE OF PENINSULA ZONING PERMIT/CERTIFICATE OF COMPLETION APPLICATION

This application must be submitted in person. Call Village of Peninsula Fiscal/Zoning Office at 330-657-2714.

Application for Zoning Permit and Certificate of Completion

The undersigned hereby applies for a Zoning Permit for the following use, to be issued on the basis of the information contained and supplied within this application. With this application must be supplied four (4) sets of plot plans drawn to scale showing dimensions of lot and of existing and/or proposed structures and uses, access streets, parking area with spaces, access lanes and driveways, sewage disposal and water supply facilities and all easements, showing their locations and distances from street lines, building line, side and rear lot lines and between each other. If septic system is to be used, attach a copy of the approval for sanitary and water facilities given by Summit County Health Department and/or Ohio Environmental Protection Agency, as law requires. Also attach Surface Water Drainage Approval signed by the Peninsula Street Commissioner.

1. Subject Property

PROPERTY LOCATION: _____ Property Size (Gross Area in Acres) _____

APPLICANT: _____

Name of Business or Establishment (If Applicable): _____

2. Zoned

Currently Zoned: _____ Proposed Use: _____

Residential Business Light Industry Sign

Previous Permit Number (If applicable): _____

3. Project Description

Fences, Walls, or Hedges: Existing New Description: _____

New: _____

Addition: _____

Remodel: _____

Accessory Building: _____

One (1) Story: _____ Split Level: _____ 1 ½ Story: _____ Two (2) Story: _____

Building Floor Area Square Feet: Basement: _____ First (1) Floor: _____ Second (2) Floor: _____ Third (3): _____

Building Height: _____ Ft. above Grade. Accessory Building Floor Area _____ Square Ft. _____

Estimated Value of Structure: _____ Flood Plain: Yes No

Check/Complete All That Apply:

No Improvements Proposed Demolition Private Septic System Private Well

New Building Construction: _____

Alcohol Sales: Beer & Wine or Full Line of Alcohol On-site Consumption or Off-site Consumption

4. Applicant

Name: _____ Phone: _____

Address: _____ Fax: _____

City/State: _____ ZIP: _____ Email: _____

5. Agent (Agente) If different from applicant

Name: _____ Phone: _____

Address: _____ Fax: _____

City/State: _____ ZIP: _____ Email: _____

6. Property Owner(s)

Name:		Phone:
Address:		Fax:
City/State:	ZIP:	Email:

Fees

- Base Permit Fee:
- Additions:
- TOTAL:

Signature (Blue Ink):	Date:
Print Name:	Check One: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Agent

It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact with or without intent, such as might or would

Signature:	Date:
Print Name:	Check One: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Agent

Property owner must have Summit County Health Department approval for location of septic system prior to issuance of Zoning Permit by Village of Peninsula.

BUILDING PERMITS are issued by STOW BUILDING DEPARTMENT

The structure, described in this application for a Zoning Certificate to erect and/or alter a structure or premises as described herein or shown in accompanying plans and specifications, is to be erected as shown on the accompanying plot plan. The information which follows and the accompanying plans and specifications with the representation therein contained are made a part of this application.

It is understood and agreed by this application that any error, misstatement or misrepresentation of material fact, or expression of material fact, either with or without intention on the part of this applicant, such as might, or would, operate to cause a refusal of this application, or any material alteration or change in the accompanying plans, specifications or structure made after filing this application and/or subsequent to the issuance of a Zoning Certificate in accordance with this application, without the approval of the Zoning Inspector, shall constitute sufficient ground for the revocation of such permit. The acceptance of this application constitutes an agreement to abide by all the conditions herein contained and to comply with all Ordinances of the Village of Peninsula and the State of Ohio relating to the structure herein described and/or the work to be done hereunder.

I hereby declare, under the penalties provided for in the Building Code and Zoning Ordinance of the Village of Peninsula for violation thereof, that the statement made in connection with this project in this application for a Zoning Certificate are to the best of my knowledge and belief, true.

THIS SECTION - STAFF USE ONLY

ZONING PERMIT APPROVAL: Approved by Zoning Official DENIED Approved by Zoning Official Date:

Reasoning for Denial:

ZONING OFFICIALS SIGNATURE: Date: