

# Village of Garrettsville, Zoning Department

8213 High Street Garrettsville, Ohio 44231

Phone: 330-527-2070 Fax: 330-527-5819

## APPLICATION FOR COMMERCIAL ZONING CERTIFICATE

Garrettsville Village, Portage County, Ohio

Commercial Ordinances listed on the Web Site which may apply are:

Zoning Districts: C-1, Chapter 1175 (Local Commercial), C-2, Chapter 1179 (General Commercial), C-3 Chapter 1180 (Intensive commercial, PD/CBD Chapter 1177 (Central Business District), I, Chapter 1183, (Industrial District, or R/C, Chapter 1182, (Residential/Commercial)

**PLEASE SUBMIT ONE COPY OF THIS 4 PAGE APPLICATION TO THE ZONING INSPECTOR WITH A CHECK FOR THE PROPER FEE PAYABLE TO: THE VILLAGE OF GARRETTSVILLE.**

**For new Construction, a Site Plan Review must accompany this application; may be obtained at the Zoning Office noted above.**

Date \_\_\_\_\_ Internal Application Number \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Name of Property Owner: (if different) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Application is hereby made for a zoning certificate for the following proposed work:

\_\_\_\_\_

\_\_\_\_\_

Application is hereby made for a zoning certificate for a change in use( )/occupancy( ) of a building or lot:

Present Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Address of property involved: \_\_\_\_\_

Zoning district in which property is located: (refer to zoning map on web site) \_\_\_\_\_

Location of Property:

\_\_\_\_\_ side of \_\_\_\_\_

(North, South East or West)

(Street, Avenue or Road)

Approximately \_\_\_\_\_ feet \_\_\_\_\_ of

(North, South, East or West)

the intersection of \_\_\_\_\_

(Street, Avenue or Road)

Size of Building or Addition:

Width: \_\_\_\_\_ Feet      Height: \_\_\_\_\_ Feet

Length: \_\_\_\_\_ Feet      Area: \_\_\_\_\_ Square Feet

Description of Property:

Feet of frontage on road or other dedicated right-of-way: \_\_\_\_\_ Feet

Width of lot at setback or front building line: \_\_\_\_\_ Feet

Depth of lot: \_\_\_\_\_ Feet      Area of lot: \_\_\_\_\_ Square Feet

Location of building or structure on the property or lot:

Front Yard: \_\_\_\_\_ feet from edge of road right-of way to proposed building or addition.

Left Side Yard: \_\_\_\_\_ feet from property line to proposed building or addition.

Right Side Yard: \_\_\_\_\_ feet from property line to proposed building or addition.

Rear Yard: \_\_\_\_\_ feet from property line to proposed building or addition.

Use of proposed building, structure or addition: \_\_\_\_\_

\_\_\_\_\_



**(1.) The following information must be submitted with this application:**

- a. A plot plan drawn to scale showing the exact dimensions of the lot to be built upon and the relationship of said lot to surrounding roads, easements and other rights-of-way; and to adjacent structures or buildings.
- b. The location, dimensions, height and bulk of all structures to be erected.
- c. The intended use of all proposed structures to be erected.
- d. The yard, open area, parking and service space, dimensions and access points to roads, driveways, and any other pertinent lot use data.
- e. Approval by the responsible health authorities -- No zoning certificate shall be issued without written evidence that the Village Board of Public Affairs and/or the responsible health authority has approved the proposed sanitary sewerage disposal system for the use for which the certificate has been requested, if applicable.
- f. Any other pertinent data as may be necessary to determine and provide for the adherence to the Garrettsville Village Zoning Ordinances.



**Village of Garretttsville**  
**INCOME TAX DEPARTMENT**

8213 High Street      PO Box 306  
Garrettsville, Ohio 44231-0306  
Phone: 330-527-2179      Fax: 330-527-5819

As required by Ordinance 171.02, (1) of Garretttsville's Codified Ordinances, please list all of the contractors and sub-contractors who will be working on the project for which the certificate is being applied.

Applicant: \_\_\_\_\_

Project Location: \_\_\_\_\_

Type of Project: \_\_\_\_\_

**This form must be returned with your Application for Zoning Certificate.**

Contractor/Sub-Contractor	Address	Phone & Fax Numbers (If Available)

Attach additional sheets if necessary.