Village of Garrettsville

8213 High Street Garrettsville, Ohio 44231
Phone: 330-527-2070 Fax: 330-527-5819

Conditional Zoning Ordinances listed on the Web Site which may apply are: Chapter 1149 and Chapter 1139

APPLICATION FOR CONDITIONAL ZONING CERTIFICATE

Garrettsville Village, Portage County, Ohio

Name of property owner: _____

Address of owner: _____Phone: _____

Name of applicant if different from above: _____

Address of applicant if different from above: _____Phone: _____

For property located at: _____

_____
(address or description)

Zoning of district in which the property is located: (refer to zoning map on web) _____

Conditionally permitted use per Ordinance: _____

Attached and as part of the application are two (2) copies of:

A. Plan showing:
   1.) Boundaries and division of property
   2.) Abutting roads, properties, and structures
   3.) Location of all improvements proposed, including structures, parking, landscaping, etc.
   4.) Location of wells, sewer lines, and all other utilities, existing or proposed
   5.) Topography at an interval sufficient to show the slope characteristics of the property.

B. Complete plans and specifications for all proposed development and construction.

C. Statement supporting evidence that the proposed use will be harmonious with, and in accordance with, the objectives of the zoning resolution and the land use and thoroughfare plan, and will not be detrimental to existing or future uses in the immediate vicinity or the community as a whole. Such statements must conform to Ordinance 1149.04, 1149.05, and 1149.06.

Fee: _____ _____
Applicant's Signature

Date: _____ _____
Owner's Signature, if different from above

Internal: Planning Commission Action: Approval: _____ Disapproval: _____

Date of Issue of Conditional Zoning Certificate: _____

Completion of zoning forms is the sole responsibility of the Applicant. Applications which are incorrect, incomplete or are submitted without fees or necessary attachments will not be accepted for filing and will be returned to Applicant for correction.