



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.

Note: A change in use may also require a review by the Planning and Zoning Commission.

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

Business Name:	
Business Address:	
Business Owner:	
Manager of Facility:	

APPLICANT INFORMATION

Name					
Mailing Address					
City		State		Zip Code	
Phone Number	Business Phone				
Fax Number	Email Address				
Building Owner/Landlord:					
Building Owner Address:					

Business Type:	<input type="checkbox"/> Office	<input type="checkbox"/> Day Care	<input type="checkbox"/> Institutional	<input type="checkbox"/> Service
	<input type="checkbox"/> Retail	<input type="checkbox"/> Auto Sales	<input type="checkbox"/> Restaurant/Counter	<input type="checkbox"/> Contractor
	<input type="checkbox"/> Health Care	<input type="checkbox"/> Auto Service	<input type="checkbox"/> Restaurant/Table	<input type="checkbox"/> Developer
	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Entertainment/Rec	<input type="checkbox"/> Manufacturing	
	<input type="checkbox"/> Animal Care/Services	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Storage Facility	
	<input type="checkbox"/> Other:			

Describe specific service/product: _____

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: _____

Tenant Signature: _____ Date: _____

City of Tallmadge Signature: _____ Date: _____