



COMMERCIAL ZONING PERMIT APPLICATION

Zoning District

For New Construction, Additions, or Accessory Uses complete applicable areas of this form and include
1 Site Plan and 1 Building Plan with the following project.

This project may also need Sewer/Water Permit Application, Street Opening Permit Application and DOSS/EPA Copy.

Project Address:	
Description of Work:	

APPLICANT INFORMATION

Name					
Mailing Address					
City		State		Zip Code	
Phone Number			Alternate Phone		
Fax Number			Email Address		

CONTRACTOR INFORMATION

Contractor Licensed: State County # _____
Contractor working in the right-of-way is required to register with the City

Name					
Mailing Address					
City		State		Zip Code	
Phone Number			Alternate Phone		
Fax Number			Email Address		

ZONING FEE SCHEDULE (Select All that Apply)

<input type="checkbox"/> Commercial New Construction	\$100
<input type="checkbox"/> Commercial Addition/Alteration	\$75
<input type="checkbox"/> Commercial Accessory Structure	\$50
<input type="checkbox"/> Industrial New Construction	\$100
<input type="checkbox"/> Industrial Addition/Alteration	\$75
<input type="checkbox"/> Industrial Accessory Structure	\$50
Total:	

A separate permit is required for Signs (including Construction Project, etc.), Fencing and Retaining Walls.

Continue on Page 2

Boards & Commissions approval? Yes No

Date Granted: _____ By: _____
(Indicate Board or Commission)

Date Granted: _____ By: _____
(Indicate Board or Commission)

Date Granted: _____ By: _____
(Indicate Board or Commission)

City Engineer Review required? Yes No if yes, date of approval: _____

All easements shown on site plan? Yes No Riparian Setbacks required? Yes No

All Street Opening and Utility Connection Permits obtained? Yes No D.O.S.S Permit No: _____

Setbacks are measured from the closest point of the structure to the property line (feet):

_____ Main Road Frontage	_____ Right Setback - Property Line to Structure
_____ Lot Depth from Road Right-of-Way	_____ Lot Width at Building Line
_____ Front Setback - Property Line to Structure	_____ Width of Structure
_____ Left Setback - Property Line to Structure	_____ Depth of Structure
_____ Rear Setback - Property Line to Structure	_____ Height of Structure

_____ Sub- Ground Sq. Ft. _____ 1st Floor Sq. Ft. _____ 2nd Floor Sq. Ft.

_____ Project Total Sq. Ft.

Approvals are solely based on information and plans submitted and becomes void if altered without prior approval of the Planning & Zoning Department. A Zoning Permit under which no work is commenced within one (1) year shall expire per TCO 1136.02 (c).

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 IF THIS APPLICATION IS APPROVED.

_____ I UNDERSTAND THAT I MUST CONTACT THE SUMMIT COUNTY DEPARTMENT OF BUILDING STANDARDS (330-630-7280) TO VERIFY BUILDING DEPARTMENT REQUIREMENTS FOR APPLIED PROJECTS.

_____ I UNDERSTAND THAT I MUST CONTACT THE CITY OF TALLMADGE PLANNING & ZONING DEPARTMENT WHEN THE PROJECT IS STAKED OUT FOR SETBACK COMPLIANCE. I AM RESPONSIBLE FOR MAINTAINING THE APPROVED SETBACKS.

Applicant Signature: _____ Date: _____

Owner/Authorized Agent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Tallmadge Service Department Approval: _____ Date: _____

City of Tallmadge Approval: _____ Date: _____