

**PLANNING, ZONING & ECONOMIC DEVELOPMENT DEPARTMENT**

9184 State Route 43, Streetsboro, OH 44241 (330) 626-4942 Ext. 127 Fax (330) 626-4035

**SIMILAR USE DETERMINATION**

Date: \_\_\_\_\_

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

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

City, State and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Reason for Similar Use Determination: \_\_\_\_\_

Code Section: \_\_\_\_\_

**Fee:** \$150.00 plus cost of notices (notice cost billed separately)  
20 copies of information/site plan– prefer 11x17 size on site plan

***I recognize it is my responsibility to submit a complete application and my failure to do so could subject this application to not being submitted for consideration by the Commission.***

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

**All Fees are non-refundable (per Code Section 149.01)**

Rev Fee 04-28-05 Ord. 2005-47