

Planning, Zoning & Economic
Development Department
9184 State Route 43
Streetsboro, OH 44241



(330) 626-4942
Ext. 127
Fax (330) 626-4035

APPLICATION FOR ZONING CERTIFICATE

Date _____

Project Address _____ Sub Lot # _____

Property Owner's Name _____

Property Owner's Address _____
(If different than project address) Street City State Zip

Property Owner's Phone # () _____ Fax # () _____

Contractor Name _____

Address _____
Street City State Zip

Contractor Phone # () _____ Fax # () _____

General Project Information: _____

_____ Single Family Residential Structure **\$50.00**

_____ Two Family Residential Structure **\$100.00**

_____ Accessory Building or Structure **\$50.00** (Additions or modifications of more than 10 (ten) square feet)

_____ Change in Use w/no Construction **\$50.00**

_____ Multi Family Residential Structure, Commercial Structure, Industrial Structure, Accessory Building thereto; additions; modifications: **Minimum of \$100.00 plus \$.05 per square foot of area within the outside dimensions of the foundation, but not to exceed \$500.00**

_____ Institutional structure, government structure; quasi-public structure; accessory building or structures thereto: **\$100.00**

Owner or Applicant Signature _____

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