

Application for Zoning Certificate

Perry Village, Lake County, Ohio

Application is hereby made for a Zoning Certificate, and the statements made herein are part thereof. It is understood and agreed by the Applicant that any error, misstatement or misrepresentation of fact, with or without intention on the part of the applicant, shall constitute sufficient ground for the revocation of such certificate at any time. All provisions of the Lake County Building Laws, Sanitary Regulations, and the Village of Perry Zoning Ordinances shall be complied with whether or not specified herein. This application when APPROVED constitutes and becomes the ZONING CERTIFICATE, and is valid only when signed by the Zoning Inspector. **THIS DOCUMENT IS NOT A BUILDING PERMIT.**

1. **Location of Property:** _____
Parcel ID Number: _____

2. **Name of Property Owner:** _____
 Address: _____
 Telephone No: _____
 E-mail: _____

3. **Proposed construction and/or land use:** (Check)

<input type="checkbox"/> New Construction	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Business
<input type="checkbox"/> Remodeling of Existing Structure	<input type="checkbox"/> Sign-Board-Size	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Addition to Existing Structure	<input type="checkbox"/> Residence-No. of Families	<input type="checkbox"/> Other

Explanation: _____

4. **Lot Sketch:** (No application for a Zoning Certificate will be considered unless it is accompanied by a drawing to scale showing the proposed construction, lot size and shape, building location and setbacks, building size and location of driveways, finished grades to indicate direction of surface water runoff, and/or other information as may be required by the Zoning Inspector.)

a) Street _____ b) Street Right of Way _____ feet
 b) Street Frontage _____ feet d) Depth of Lot from Right of Way _____ feet
 e) Lot Area _____ sq. ft. f) Set back from Right of Way _____ feet
 g) Rear Yard Depth _____ feet h) Side Yard Clearance: Right _____ feet Left _____ feet
 i) Dimension of Building: Width _____ feet Depth: _____ feet
 j) Percent of lot coverage by buildings: _____%

5. **Building:** Specific Use _____
 No. of Stories _____ Is height over 35 feet? ___Yes ___No (If yes, explain) _____
 Useable floor space designed for use as living quarters (exclusive of basement, porches, garages, breezeways, terraces, attics, or partial stories): First Floor: _____ sq. ft.; Second Floor _____ sq. ft.; TOTAL _____ sq. ft.
 Off Street Parking: No. of Spaces _____ Area (sq. ft.) _____

6. Contractor:

Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

7. Remarks: _____

The issuance of this Zoning Permit does not in any way supersede, alter or otherwise affect any other type of restriction to this property as may be found on the applicable plat, deed or elsewhere. It is the responsibility of the applicant to ensure that his/her/their proposed use meets all other public and private requirements, which may be imposed or otherwise affect the land, structure(s) and or use referenced herein.

A final zoning inspection will be required of this property once the project is completed. Contact the Zoning office at 440-259-2671 to schedule this inspection.

The undersigned certifies that this application and the attachments contain all information required by the Zoning Code and that all information is true and accurate and is submitted to induce the requested Zoning Certificate. Applicant agrees to be bound by the provisions of the Zoning Code and Ordinances of Perry Village, Lake County, Ohio and by the terms of this application.

Applicant/Owner _____ Date _____
(Print Name)

Applicant/Owner _____ Date _____
(Signature)

FOR OFFICE USE ONLY

CERTIFICATE OF ZONING COMPLIANCE Permit No. _____

District: (Circle) SP SF DB GB I PUD

Use: (Circle) Permitted Accessory Conditional Non-Conforming

On the basis of information stated above and the Application for Zoning Certificate is hereby APPROVED / DENIED

Make Check or Money Order Payable To: *Village of Perry*

Fee Amount: \$ _____

Application Date: _____ *Issue Date: _____

Zoning Inspector

*** This permit shall expire and may be revoked if work has not begun within one (1) year, or, if begun, substantially completed within two and one-half (2.5) years.**