



ZONING CERTIFICATE APPLICATION
City of Chardon Planning & Zoning Dept.
111 Water St, Chardon, Ohio 44024
Phone: (440) 286-2654 Fax: (440) 286-5541

Application: _____
Date: _____
Fee: _____

Property Address: _____ Chardon OH 44024
 Permanent Parcel No. _____ Subdivision _____ Lot# _____

Applicant: _____	Phone () _____
Address _____	City _____ ZIP _____
Email: _____	
Property Owner: _____	Phone () _____
Address: _____	City _____ ZIP _____
Contractor: _____	Phone () _____
Address _____	City _____ ZIP _____
Email: _____	Days on Job: _____

APPLICATION FOR:

- | | |
|---|---|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Commercial Construction /Addition
Name & Type of Business: _____ |
| <input type="checkbox"/> Two Family Dwelling | <input type="checkbox"/> Industrial Construction / Addition
Name & Type of Business: _____ |
| <input type="checkbox"/> Residential Addition | <input type="checkbox"/> Occupancy
Name & Type of Business: _____ |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Shed | |
| <input type="checkbox"/> Pool | |
| <input type="checkbox"/> Fence | |
| <input type="checkbox"/> Garage | |

Proposed Building Height: Stories: _____ Feet: _____ Total Area: _____ Sq. Ft.
 Lot Coverage (buildings only): _____ % Estimated Construction Cost: _____

Applications for residential, commercial and industrial construction/additions shall be accompanied by site plans conforming to Chapter(s) 1100-1161 of the Codified Ordinances the City of Chardon Municipal Standards for Plan Content.

Applications for decks, sheds, pools and fences shall be accompanied by a site plan showing the proposed location of the structure and the setbacks from all property lines.

To the Zoning Inspector of the City of Chardon:
The undersigned hereby applies for a Zoning Certificate for the proposed use. The undersigned certifies that the statements in the application and documents or plans attached thereto are correct and accurate representations of the project to the best of his/her knowledge.

Signature: _____ Date: _____

This project is subject to Municipal Tax Regulations. A closeout sheet may be required to be submitted to the City of Chardon's Finance Department upon completion of the project stated on the application.
 Initial: _____

APPROVED / DENIED BY: _____ **DATE:** _____
 Zoning Inspector

District: _____ Planning Commission Date: _____ **Closeout Sheet Required: YES/NO**