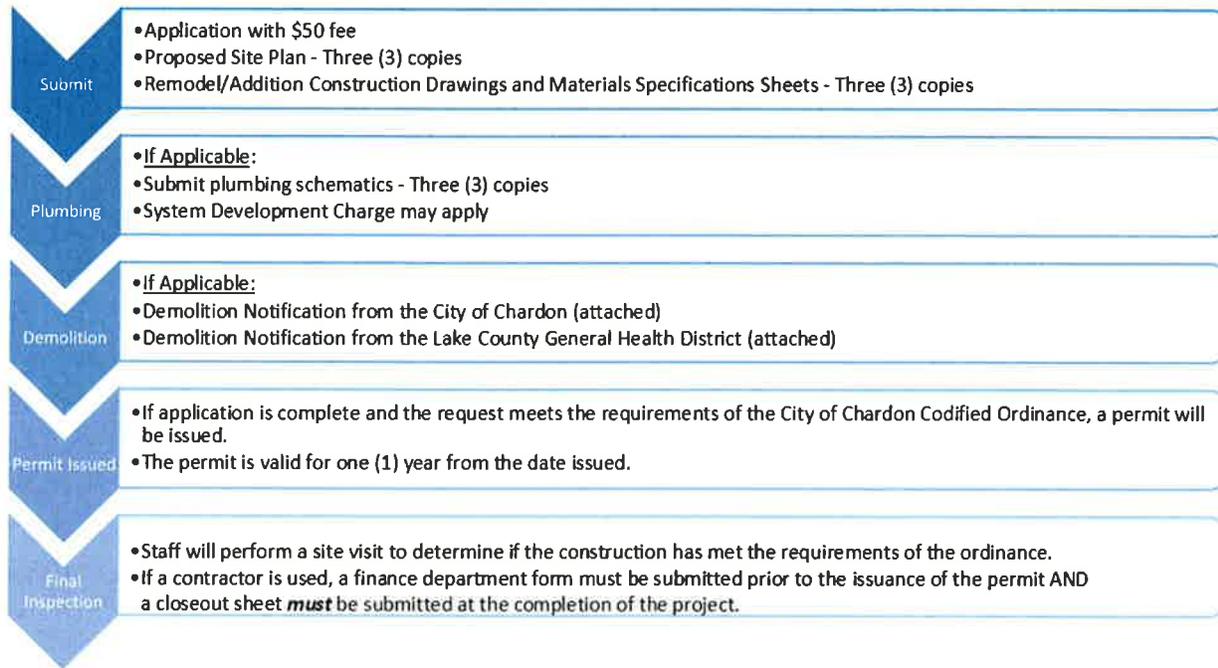




City of Chardon Planning and Zoning Department
Residential Remodel/Basement Finish/Addition Guide



<h1 style="margin: 0;"><u>Regulations</u></h1>		
<p style="text-align: center;"><u>New Flooring & Paint</u></p> <p>No Permits are required for new flooring or the painting of interior walls.</p>	<p style="text-align: center;"><u>Plumbing</u></p> <p>A permit is required from the City of Chardon as well as Geauga County Health District for any plumbing work done to the structure.</p>	<p style="text-align: center;"><u>Electrical</u></p> <p>A permit is required from the Geauga County Building Department for any electrical work done to the structure.</p>

Geauga County Building Department (440) 279-1780 ▪ www.co.geauga.oh.us
 Building Permits must be obtained from the Geauga County Building Department.
 If applicable, Demolition Permits must be obtained from the Geauga County Building Department.
Geauga County Health District (440) 279-1900 ▪ www.geaugacountyhealth.org

Additional Regulations can be found in Codified Ordinances.



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:

- Single Family Dwelling
- Two Family Dwelling
- Residential Addition
- Deck
- Shed
- Pool
- Fence
- Garage

- Commercial Construction / Addition
Name & Type of Business: _____
- Industrial Construction / Addition
Name & Type of Business: _____
- Occupancy
Name & Type of Business: _____
- Other: _____

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

Address: _____

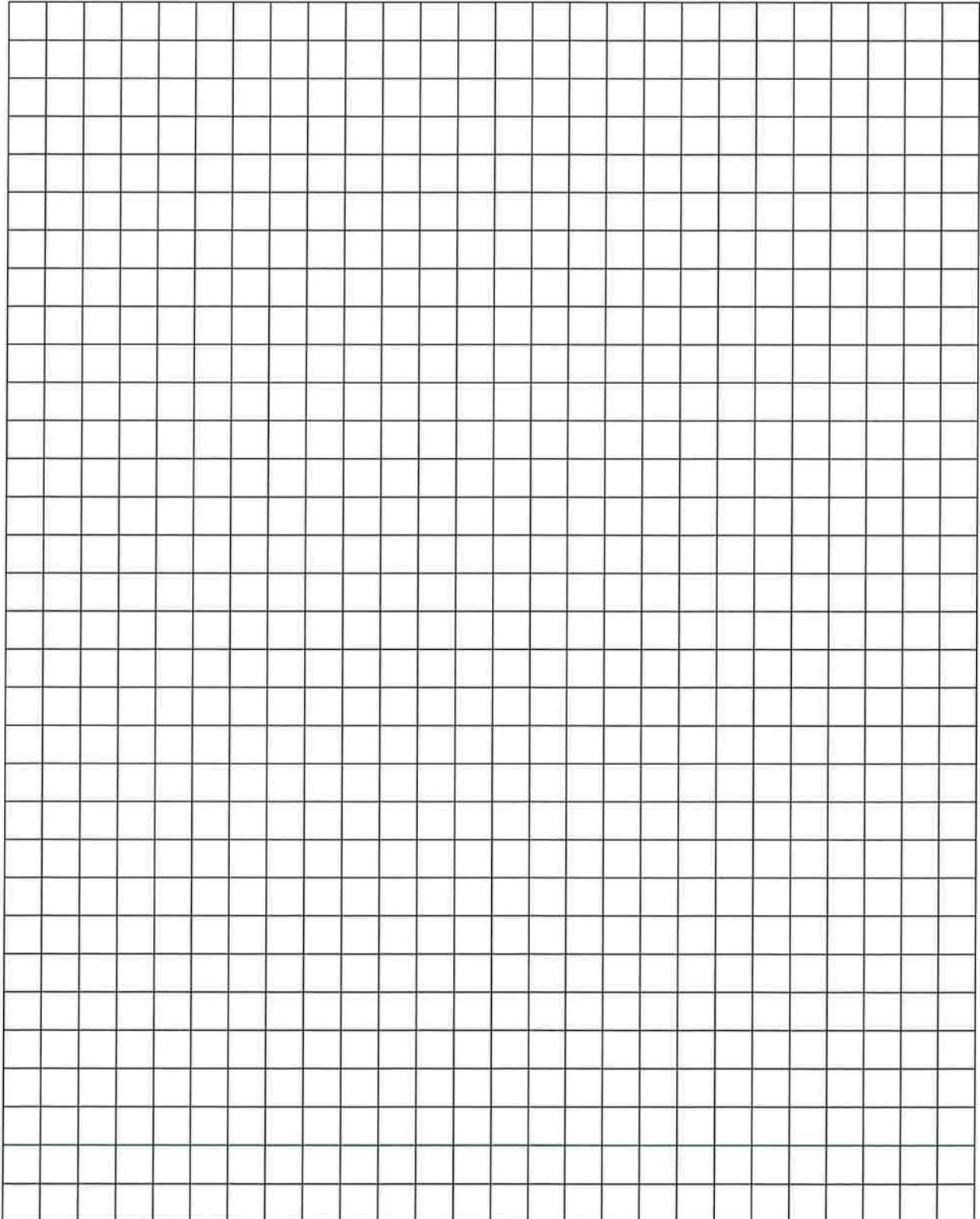
Type of Permit: _____

Name of Preparer: _____

Preparer's Contact # _____

Draw an arrow to indicate
which direction is North.

Scale: $\frac{1}{4}$ inch (one square)
equals 5 feet.



**Schedule 1133.05
RC, R1, R2 and R3 Lot Standards**

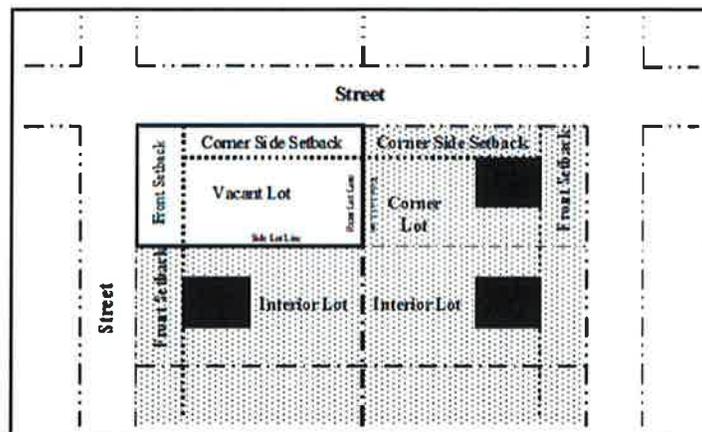
	RC Rural Conservation	R-1 Single- Family Residence	R-2 Low Density Residence	R-3 Medium Density Residence
(1) Minimum lot area	2 acres	25,000 square feet	15,000 square feet	12,800 square feet
(2) Minimum width at building setback line (a)	250 feet	110 feet	90 feet	80 feet
(3) Minimum width of rear property line	150	65	55	50
(4) Maximum lot coverage	20%	25%	30%	30%
(5) Building Setback (from right- of-way)	60 feet	50 feet	50 feet	40 feet
(6) Building setback on non- dedicated street (from the centerline).	90 feet	80 feet	80 feet	70 feet
(7) Side Setback				
A. Minimum setback for one side	50 feet	12 feet	12 feet	10 feet
B. Combined minimum setback for both sides	100 feet	30 feet	25 feet	23 feet
(8) Rear Setback	60 feet	40 feet	40 feet	35 feet
(9) Minimum building separation	100 feet ⁽¹⁾	30 feet ⁽¹⁾	25 feet ⁽¹⁾	23 feet ⁽¹⁾
(10) Maximum height of principal building	35	35	35	35
(11) Maximum height of accessory structures	20	20	20	20
(12) Minimum parking setbacks for non-residential uses				
Front yard	60 feet	50 feet	50 feet	40 feet
Side yard	50 feet	12 feet	12 feet	10 feet
Rear yard	60 feet	40 feet	40 feet	35 feet

a) On curved streets, the lot width shall be the arc length of the building setback line.

b) See Chapter 1145 for lot standards for conditional and P* uses.

c) See Chapter 1155 for exceptions to height standards.

(1) Minimum building separation applies to principal buildings. The minimum separation for accessory buildings from principal buildings and accessory buildings shall be 10'.



Plotted subdivisions with PUD zoning classifications (Hidden Glen, Woods of Burlington, Fox Pointe, etc.) have unique setbacks for each individual subdivision and in some cases individual lots.

Contact the City of Chardon Planning and Zoning Department (440) 286-2654.



DEMOLITION NOTIFICATION
 City of Chardon Public Service Department
 111 Water Street, Chardon OH 44024
 Phone: (440) 286-2655 Fax: (440) 286-5541

Job Location

No.: _____ Street: _____ Bldg: _____

Scheduled Demolition Dates: Start: ____/____/____ Completion: ____/____/____

Applicant Identification

Applicant: _____ Company: _____ Phone No.: _____

Street: _____ City, State & Zip: _____

____ OEPA Notification of Demolition (Stamped & Signed)

____ License Bond (\$5,000 Minimum)

____ Certificate of Insurance Liability (Minimum)

Bodily Injury	\$100,000/\$300,000
Property Damage	\$50,000

Please contact Lake/Geauga Air Pollution Control at: (440) 350-2543 for more information. The Applicant **MUST** submit a copy of a STAMPED and SIGNED OEPA Notification of Demolition from prior to demolition.

Abandonment of Service: Please contact the Water and Sewer Department at (440) 286-2657 at least three (3) days prior to the commencement of any work within the public right-of-way to schedule inspections. Property Owner or Contractor are required to disconnect the water service and sanitary sewer service laterals for the property at the point of tap-in on the City main lines in accordance with City Ordinance 927.75 and 925.75.

Water and Sewer Disconnect: Start: ____/____/____ Completion: ____/____/____

Inspection: _____ Approved: _____ Denied: _____

Inspected By: _____ Date: ____/____/____

I, the undersigned, am acting as an authorized agent of the Owner.

Applicant's Signature: _____ Date: ____/____/____

Property Owner's Name: _____ Phone No.: _____

Street: _____ City, State & Zip: _____

I, the undersigned, give permission to the above named Applicant to perform the proposed demolition below.

Owner's Signature: _____ Date: ____/____/____



LAKE COUNTY GENERAL HEALTH DISTRICT
NOTIFICATION OF DEMOLITION AND RENOVATION
RESIDENTIAL ONLY

Operator Project #	Postmark	Date Received	Notification #
I. Type of Notification (check one): <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled			
II. Facility Description (include building name, number, and floor or room number)			
Building Name: _____			
Address: _____			
City: _____ State: <u>Ohio</u> Zip Code _____ County _____			
Site Location (specific): _____			
Building Size (square foot): _____ # of Floors: _____ Age in Years _____			
Present Use: _____ Prior Use: _____			
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training			
IV. Facility Information			
Owner Name: _____			
Address: _____			
City: _____ State _____ Zip Code _____			
Contact: _____ Phone _____ Fax _____			
Is the demolition part of a larger project <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the property ever been used for commercial purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this structure a rental having 4 or more units <input type="checkbox"/> Yes <input type="checkbox"/> No			
V. Waste Disposal (Must be completed)			
Name: _____			
Address: _____			
City: _____ State _____ Zip Code _____			
Contact: _____ Phone _____ Fax _____			
VI. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.			
_____ Signature of Owner/Operator		_____ Date	_____ Type or Print Name and Title