

HUBBARD TOWNSHIP ZONING
2600 Elmwood Drive Ext. Hubbard Ohio 44425
Ph: 330-534-2161 Fax: 330- 534-9258

BUSINESS APPLICATION FOR ZONING PERMIT **Date:** _____ **No.** _____

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form, to submit plans with drawings drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of proposed buildings or alterations.

1. Owner: _____

Mailing Address: _____

Phone Number: _____ Business: _____

2. Property Location: _____ Parcel ID# **01** - _____

3. Existing Use: _____ 4. Zoned As: _____

5. Class of Work: ☐ New, ☐ Alteration, ☐ Addition, ☐ Move, ☐ Other: _____

6. Proposed Use, select one:

☐ **Sign:** _____ x _____ = _____ sq.ft.

or Type: ☐ Flat / Wall, ☐ Free Standing, ☐ Pole, ☐ Portable, ☐ Temporary

☐ **Business:** _____ sq.ft., Basement: _____ sq.ft., Stories: _____, Height: _____

Parking: Off Street, Spaces _____, Area _____ sq.ft., County Building Permit# _____

County Storm Water Approved : _____

7. Type of Sewage Disposal: On Lot _____ Off Lot _____ Health Dept. Conceptual Approval Dated: _____ (1)

8. Land surface area to be disturbed: _____ X _____ = _____ Acre(s) ESC: plan Approved: _____

9. Is property void of hazards (natural or otherwise) ? _____ Describe: _____

10. Contractor: _____ Address: _____

11. Start Construction = _____ Best Time to Inspect = _____

Consent granted to Zoning Inspector to enter above described property during period of construction.

CAUTION: Call 8-1-1 before you dig (Ohio Utilities Protection Service)

Signature: Owner, _____ **Date:** _____

Valuation: \$ _____ (Form # 51.4) **OFFICE USE** (1) Section # 301 Item # 11) rec'd

County Sanitary Approval Required? ☐ YES, ☐ NO... 176 Chestnut Ave. NW Warren Oh. 44481, Ph: 675-2489

County Soil & Water Approval Req'd ? ☐ YES, ☐ NO 520 W. Main St. Cortland Oh. 44410, PH: 330-637-2056

County Building Permit Required? ☐ YES, ☐ NO... 159 East Market St, Warren Oh. 44481, Ph: 675- 2467

County Storm Water Approval ? ☐ YES, ☐ NO... 650 North River Rd Warren Oh. 44483, Ph: 675-2401

ODOT Sign Approval ? ☐ YES, ☐ NO. 288 S. Arlington Rd Akron Oh, 44306, Ph: 330-786-4940

APPROVED: YES NO **Date:** _____ **By :** _____

Fee: \$ _____ Receipt No. _____ Expiration Date: _____ Zoning Inspector

This application when approved constitutes the Zoning Permit. To be filed with the office of the Zoning Inspector.

☐ Denied, Reason: _____

Resolution Section No. _____ Copy to Applicant _____ Form 4-3.1 Occupancy Permit

Form 01B **Appeals, Variance and Conditional Use as outlined in Hubbard Twp. Zoning Resolution**