

**BRIMFIELD TOWNSHIP ZONING DEPARTMENT**

1333 Tallmadge Road  
Brimfield, Ohio 44240

Telephone 330-678-0739  
FAX 330-678-6626

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Location: \_\_\_\_\_

Zoning District: \_\_\_\_\_

I would like to request the following: \_\_\_\_\_

\_\_\_\_\_

Fee for this request: \_\_\_\_\_

**NOTE: You must call the Zoning Department, at 330-678-0739, when your foundation is established and BEFORE CONSTRUCTION IS STARTED. A compliance check is necessary for all new construction. A one day notice is necessary. Property lines must be identified.**

X Applicants signature: \_\_\_\_\_

Fire Department Approval: \_\_\_\_\_

Zoning Inspector Approval: \_\_\_\_\_

**Approval is needed for the installation of any culvert piping under driveways**

**Office Use Only**

Permit # \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**APPLICATION FOR ZONING CERTIFICATE**  
**BRIMFIELD TOWNSHIP PORTAGE COUNTY, OHIO**  
TELEPHONE: 330-678-0739      FAX: 330-678-6626

The undersigned hereby applies for a Zoning Certificate, to be issued on the basis of the representation contained herein, all of which the applicant swears to be true.

NOTE: You must call the Zoning Department at 330-678-0739 when your building compliance check is necessary for all new construction. A one day notice is necessary.  
Property lines must be established.

LOCATION OF PROPERTY \_\_\_\_\_  
NAME OF OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
OCCUPANT \_\_\_\_\_  
ZONING DISTRICT \_\_\_\_\_

NOTE: Site plans must be submitted for construction in Business, Industrial or Highway Services areas. For RESIDENTIAL CONSTRUCTION a sketch of lot showing proposed construction and/or existing building, with ALL dimensions and distances shown.

Main road frontage \_\_\_\_\_      Depth of lot from right of way \_\_\_\_\_  
Set back from right of way \_\_\_\_\_      Dimension of building:  
Side yard clearance:      Width \_\_\_\_\_  
    Left side \_\_\_\_\_      Depth \_\_\_\_\_  
    Right side \_\_\_\_\_  
Rear Yard Clearance \_\_\_\_\_      Height of Building \_\_\_\_\_  
Township lot number \_\_\_\_\_      Sanitation Permit # \_\_\_\_\_  
Use of building \_\_\_\_\_  
Number of stories \_\_\_\_\_ Basement Yes or No (circle one) Total square feet \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\$ \_\_\_\_\_ Fee paid

Permit number \_\_\_\_\_

Check number \_\_\_\_\_

Receipt number \_\_\_\_\_

Z200/Revised 7/2011

**BUILDING FOUNDATION / STAKE INSPECTION REPORT  
BRIMFIELD TOWNSHIP PORTAGE COUNTY, OHIO  
TELEPHONE: 330-678-0739 FAX: 330-678-6626**

**ZONING CERTIFICATE NUMBER:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**BUILDING ADDRESS:** \_\_\_\_\_ **LOT #:** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**STAKE AND TAG/MARK:**

**FRONT SET BACK FROM R-O-W:** \_\_\_\_\_

**SIDE SET BACKS: FRONT LEFT:** \_\_\_\_\_ **FRONT RIGHT:** \_\_\_\_\_

**BACK LEFT:** \_\_\_\_\_ **BACK RIGHT:** \_\_\_\_\_

**TAG/MARK: PROPERTY LINES FOR  
ALL SIDE SETBACKS AND FRONT SET BACK**

**DATE REQUESTED:** \_\_\_\_\_

**DATE & TIME SCHEDULED:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_ **INSPECTOR:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **REJECTED:** \_\_\_\_\_

**REMARKS:**

**APPLICANT SIGN OFF:** \_\_\_\_\_

**Please complete form and fax to Zoning Department for inspection appointment. Zoning Department will set date and time and notify by telephone.**

**SITE PLAN FOR ZONING CERTIFICATE**

Date Received \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Site Information**

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Parcel No.: \_\_\_\_\_  
Zoning District: \_\_\_\_\_

This lot fronts on \_\_\_\_\_  
(Street, Road, Drive, etc.)

Distance from Road Right of way to building	_____	feet
Distance from right side line to building	_____	feet
Distance from left side line to building	_____	feet
Distance from back line to building	_____	feet

This site plane shall become part of my application for a zoning certificate and all dimensions are accurate to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Permit No. \_\_\_\_\_