BRIMFIELD TOWNSHIP ZONING DEPARTMENT

1333 Tallmadge Road **Telephone 330-678-0739**
Brimfield, Ohio 44240 **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:** _____

Z100 Revised 7/2011

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 _____
Set back from right of way _____
Side yard clearance:
Left side _____
Right side _____
Rear Yard Clearance _____
Township lot number _____

Depth of lot from right of way _____
Dimension of building:
Width _____
Depth _____
Height of Building _____
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: Please call at least 48 hours prior to the excavation. Inspection must be completed and APPROVED prior to any excavation.

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.

Z250 Revised 3/2015

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.)

This block represents your lot. Indicate lot dimensions, dimensions of any building already existing and dimensions of proposed building.

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.** _____

Z300/Revised 7/2011