



**BRIMFIELD TOWNSHIP ZONING CERTIFICATE APPLICATION**

**1333 Tallmadge Road Kent, Ohio 44240**

**Telephone 330-678-0739 FAX 330-678-6626 Email: zoning@brimfieldohio.gov**

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

**Fee for this request:** \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

Deck  Fence  Pool  Accessory Building  Sign

**Description, Dimensions, Location & Height:** \_\_\_\_\_

**Please provide site sketch**

REAR SETBACK

SIDE SETBACK

SIDE SETBACK

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

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Applicant Signature**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Owner Signature**

**Approved** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Zoning Inspector Signature**

**Denied** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Zoning Inspector Signature**

**Reason for Denial:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Office Use Only**

**Certificate #** \_\_\_\_\_