



**ZONING CERTIFICATE APPLICATION FOR TEMPORARY USE PERMIT  
BRIMFIELD TOWNSHIP 1333 Tallmadge Road Kent, Ohio 44240**

Telephone 330-678-0739 FAX 330-678-6626 Email: [mhlad@brimfieldohio.gov](mailto:mhlad@brimfieldohio.gov)

**NOTE: Attach permits from Portage County Health Department, Portage County Auditors Office, or Other County Officials, as necessary.**

Date: \_\_\_\_\_ Fee for this request: **\$ 200.00** ( valid for 6 months)

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

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

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

Owner Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address Where Activity is Held: \_\_\_\_\_

Dates & Times of Activity: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

- A. Two (2) site plans shall be provided to the Zoning Inspector no later than two (2) weeks in advance of activities containing the following: (copy of sketch below is acceptable):
1. Location and use of existing buildings
  2. Intended ingress and egress of traffic; width of driveways and aisles and the location of any barriers
  3. Dimensions, location and width between any and all temporary buildings, signs, structures or tents on the premises
  4. First aid facility
  5. Litter containers
  6. Location of all vendors
  7. Location of the office
  8. Location and identification of permanent and temporary parking facilities
  9. Location of restroom facilities
  10. Signs must be in compliance with Section 700.12 Temporary/Special Event Signs

**Please provide site sketch**

REAR SETBACK

FRONT 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.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Signature of Property Owner

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

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**Office Use Only**

Fee Paid: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Check Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

**Circle One:**

**Approved / Denied** \_\_\_\_\_

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

**Brimfield Fire Chief Signature**

Reason for Denial (if applicable): \_\_\_\_\_

**Approved / Denied** \_\_\_\_\_

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

**Brimfield Police Chief Signature**

Reason for Denial (if applicable): \_\_\_\_\_

**Approved / Denied** \_\_\_\_\_

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

**Brimfield Zoning Inspector Signature**

Reason for Denial (if applicable): \_\_\_\_\_