

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

RESIDENTIAL 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 a site plan (on back or attached) 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:

Accessory Structure Type: [] Deck, [] Fence, [] Garage, [] Porch, [] Storage Bldg,
[] Swimming pool, [] Satellite Dish, [] Other: _____

or Size: _____ x _____ = _____ sq.ft. Height: _____ ft.

Residence: Families: _____, Living Area: _____ sq.ft, Basement: _____ sq. ft., Stories: _____

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 Req'd / 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 / Agent; _____ **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: 330-675-2489
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: 330-675-2467
County Storm Water Approval ? [] YES, [] NO 650 North River Rd Warren Oh. 44481, Ph: 330-675-2401

APPROVED: YES NO **Date:** _____ **By :** _____
Fee: \$ _____ Receipt No. _____ Zoning Inspector, Hubbard Township
Expiration Date: _____

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** _____

STRUCTURE(S) LOCATED AS SHOWN BELOW WITH YARD DIMENSIONS

ADDRESS: _____ DATE: _____ BY: _____

DESCRIPTION OF PROPERTY: Width = _____ ft., X Depth = _____ ft. Acres = _____

Setback: Front: _____ ft., Clearance: Left Side: _____ ft., Rear Yard: _____ ft., Right Side: _____ ft.

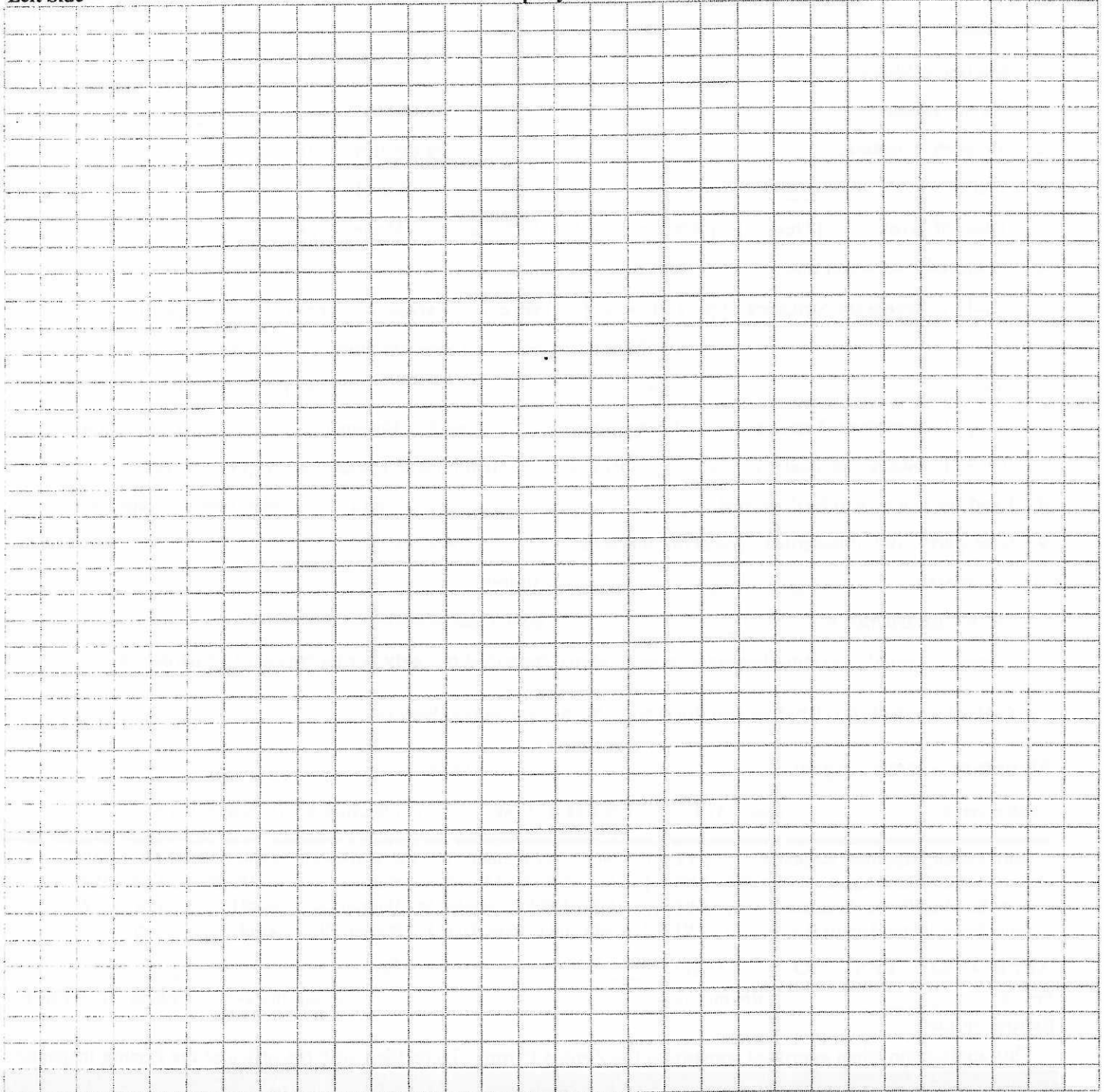
Start Construction= _____

Best Time to Inspect= _____

Left Side

Back Property Line

Right Side



Front Property Line
Right of Way =

ROADWAY

ROADWAY