



**ZONING CERTIFICATE APPLICATION**  
**City of Chardon Planning & Zoning Dept.**  
**111 Water St, Chardon, Ohio 44024**  
**Phone: (440) 286-2654 Fax: (440) 286-5541**

**Application:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Fee:** \_\_\_\_\_

Property Address: \_\_\_\_\_ Chardon OH 44024  
 Permanent Parcel No. \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

Applicant: _____	Phone ( ) _____
Address _____	City _____ ZIP _____
Email: _____	
Property Owner: _____	Phone ( ) _____
Address: _____	City _____ ZIP _____
Contractor: _____	Phone ( ) _____
Address _____	City _____ ZIP _____
Email: _____	Days on Job: _____

**APPLICATION FOR:**

- |   |   |
|---|---|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Commercial Construction /Addition<br>Name & Type of Business: _____  |
| <input type="checkbox"/> Two Family Dwelling    | <input type="checkbox"/> Industrial Construction / Addition<br>Name & Type of Business: _____ |
| <input type="checkbox"/> Residential Addition   | <input type="checkbox"/> Occupancy<br>Name & Type of Business: _____                          |
| <input type="checkbox"/> Deck                   | <input type="checkbox"/> Permanent Sign (wall/ground/projecting)                              |
| <input type="checkbox"/> Shed                   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Pool                   |   |
| <input type="checkbox"/> Fence                  |   |
| <input type="checkbox"/> Garage                 |   |

Proposed Building Height: Stories: \_\_\_\_\_ Feet: \_\_\_\_\_ Total Area: \_\_\_\_\_ Sq. Ft.  
 Lot Coverage (buildings only): \_\_\_\_\_% Estimated Construction Cost: \_\_\_\_\_

Applications for residential, commercial and industrial construction/additions shall be accompanied by site plans conforming to Chapter(s) 1100-1161 of the Codified Ordinances the City of Chardon Municipal Standards for Plan Content.

Applications for decks, sheds, pools and fences shall be accompanied by a site plan showing the proposed location of the structure and the setbacks from all property lines.

**To the Zoning Inspector of the City of Chardon:**

**The undersigned hereby applies for a Zoning Certificate for the proposed use. The undersigned certifies that the statements in the application and documents or plans attached thereto are correct and accurate representations of the project to the best of his/her knowledge.**

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

**This project is subject to Municipal Tax Regulations. A closeout sheet may be required to be submitted to the City of Chardon's Finance Department upon completion of the project stated on the application.**

**Initial:** \_\_\_\_\_

**APPROVED / DENIED** BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Zoning Inspector

District: \_\_\_\_\_ Planning Commission Date: \_\_\_\_\_

**Closeout Sheet Required: YES/NO**