

(Copies of the complete maintenance code booklet are free
and available at Village Hall during regular business hours.)

**VILLAGE OF EAST CANTON, STARK COUNTY, OHIO
APPLICATION FOR ZONING CERTIFICATE**

DATE: _____

NAME OF APPLICANT _____

ADDRESS _____

PHONE NUMBER _____ Fax: _____

NAME OF PROPERTY
OWNER: _____

ADDRESS: _____

PHONE NUMBER: _____ Fax: _____

Application is hereby made for a zoning certificate for the following proposed work:

- _____ Construction of new building.
- _____ Addition to a building
- _____ Alteration to a building
- _____ Accessory Building (Includes swimming pools)
- _____ Other:

Describe: _____

Application is hereby made for a zoning certificate for a change in the use of a building or lot.

Present Use:

Proposed Use:

Zoning District in which property is located _____.

Location of property
_____ Side of _____ of
(North, South, East, or West) (Street, Avenue, or Road)

the intersection of _____
(Street, Avenue, Drive)

Description of Proposed Work:

Size of Building or Addition:

Width: _____ Feet, Length: _____ Feet, Height _____ Feet

Total Square Area: _____ Approximate Cost of Work \$ _____

Description of Property:

Size of property or lot: _____

Feet of frontage on street or other dedicated right of way _____ feet.

Width of lot at setback or front building line _____ feet.

Depth of lot _____ feet

Area of lot _____ Sq. feet

Location of building or structure on the property or lot:

Front yard _____ feet from property line to proposed building or addition.

_____ Side Yard _____ feet from property line to proposed
(North, South, East, West)

building or addition.

Rear Yard _____ feet from property line to proposed building or addition.

The following Information must be submitted with this application:

- A. A **plot plan drawn to scale** showing the **exact dimensions** of the lot to be built upon and the relationship of said lot to surrounding streets, easements, and other rights-of-way; and to adjacent structures or buildings.
- B. The **Plot Plan shall include the location**, dimensions, height, and bulk of all structures to be erected.
The location, dimensions height, and bulk of all structures to be erected.
- C. The intended use of all proposed structures. Business? Yes _____ No _____ or Personal use? Yes _____ No _____.
- D. The proposed number of sleeping rooms _____, dwelling units _____, occupants _____, employees _____, and other uses _____.

Building of new structures must have approval by health authorities. No Zoning Certificate shall be issued without evidence that the county and/or the state health department have approved the proposed sanitary disposal facilities for the use for which the Applicant has been requested.

E. Any other pertinent data as may be necessary to determine and provide for the enforcement of the Village of East Canton Zoning Laws.

Signature of Applicant: _____ Date: _____

Note: Zoning certificates shall become void at the expiration of (1) one-year after date of issuance unless construction is started. If no construction is started or use changed within one (1) year of date of permit, a new permit is required upon proper application.

Zoning Inspector's Documentation:

Date Application Received: _____

Zoning Certificate Granted _____ or Denied _____

Referred to Zoning Board of Appeals _____

Certificate Number: _____

Signature of Zoning Inspector: _____

Robert DeLong,
Village of East Canton Zoning Inspector