PLANNING, ZONING & ECONOMIC DEVELOPMENT DEPARTMENT

9184 State Route 43, Streetsboro, OH 44241 (330) 626-4942 Ext. 127 Fax (330) 626-4035

SIMILAR USE DETERMINATION

Date:_____

*Project Address	Parcel #	Zoning District	
Applicant Name	Applicant Address	Phone #	Fax #
Company Name	Company Address	Phone #	Fax #
Property Owner	Property Owner Address	Phone #	Fax #
Name of Agent or Attorney (if applicable)	Address	Phone #	Fax#

Reason for Similar Use Determination:_____

_____

_____

Code Section:_____

Application Requirements:

_____ **$150.00** plus cost of notices (notice cost billed separately)

_____ **Twenty One (21)** copies of the site plan ((6) full size and (15)11x17 size is preferred) are required with all related materials and fees paid before you will be placed on an agenda and meet with the Planning Commission.

*Please include copy of deed for subject property with application.

I recognize it is my responsibility to submit a complete application and my failure to do so could subject this application to not being submitted for consideration by the Commission.

_____ _____

Applicant Signature Date

_____ _____

Property Owner Signature Date

_____ _____

Agent or Attorney Signature (include notarized statement) Date

All application fees are accepted in cash or by check payable to the City of Streetsboro.

All Fees are non-refundable (per Code Section 149.01)

Rev Fee 04-28-05 Ord. 2005-47

(Staff use only)			
Date Received	_____	Planning Commission Date	_____
Fee Paid	_____	Approved Y N	
Receipt No.	_____		