

**Planning, Zoning & Economic
Development Department**
9184 State Route 43
Streetsboro, OH 44241



(330) 626-4942 ext. 127
Fax (330) 626-4035

APPLICATION FOR ZONING CERTIFICATE

Date _____ Zoning District _____

Project Address _____

Project Sq. Ft. _____ Sub Lot # _____ Parcel ID # _____

Property Owner's Name _____

Property Owner's Address _____
(If different than project address) Street City State Zip

Property Owner's Phone # () _____ Fax # () _____

Contractor Name _____

Address _____
Street City State Zip

Contractor Phone # () _____ Fax # () _____

_____ Single Family Residential Structure New Construction **\$50.00**

_____ Two Family Residential Structure New Construction **\$100.00**

_____ Accessory Building or Structure **\$50.00** (Additions or modifications of more than 10 (ten) square feet)
 Addition Alteration (Deck, Pool, etc.) Fence Shed/Outbuilding

_____ Change in Use w/no Construction **\$50.00** _____
New Business Name & Product

_____ Multi Family Residential Structure, Commercial Structure, Industrial Structure, Accessory Building thereto; additions; modifications: **Minimum of \$100.00 plus \$.05 per square foot of area within the outside dimensions of the foundation, but not to exceed \$500.00**

_____ Institutional structure, government structure; quasi-public structure; accessory building or structures thereto: **\$100.00**

Owner Signature

Applicant Signature

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 _____	Site Plan Approved Y N
Fee Paid _____	Zoning Certificate No. _____
Receipt No. _____	