

Certificate of Zoning Compliance Application Barberton Planning Department

Return COMPLETE applications to the Barberton Planning Department 576 W. Park Avenue, Barberton, Ohio 44203

Questions: planning@cityofbarberton.com or 330.848.6729

****Incomplete applications will be automatically DENIED****

Application Fee \$50.00

Code Section: 1350.05(b)(1)

Please Type or Print: Must be legible

1. Applicant's Name _____

Mailing Address: _____

City	State	Zip
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Phone: _____

E-Mail Address: _____

Property Owners Name _____

Mailing Address: _____

City	State	Zip
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Phone: _____

E-Mail Address: _____

2. Do you, the applicant, own the property: Yes No

Provide legal proof of ownership and/or legal authority to sign on behalf of LLC

Included?

*** If applicant is a tenant, these must be provided by the owner:**

- **written authorization approving the use of your described business**

Included?

- **legal proof of ownership and/or legal authority to sign on behalf of LLC**

Included?

3. Zoning Compliance Certificate Address: _____

4. Zoning Compliance Certificate Parcel(s): _____

This can be found by visiting Summit County Fiscal Office website

5. Existing Building Description:

a. Building

Description _____

Age of Building _____ Number of Stories _____ Total Number of

Residential Units, if applicable _____

Number of Vacant Residential Units, if applicable _____

b. Describe each Floors Square Footage and Use Type (i.e. retail, office, storage)

First Floor Square Footage _____ First Floor Use _____

Second Floor Square Footage _____ Second Floor Use _____

Third Floor Square Footage _____ Third Floor Use _____

Basement Square Footage _____ Basement Use _____

Total # Commercial Units _____ Total # of Vacant Commercial Units _____

Total Square Footage Being Used for Proposed Business _____

6. Is your building located in the Historic Downtown District: _____ Yes _____ No

7. Describe in detail the proposed use at the property including, but not limited to the following: Be Detailed

a. Products: _____

b. Services: _____

c. Equipment: _____

d. Number of Employees: _____

e. Hours of Operation: _____

Any Additional Information Relevant to your Business: _____

8. Any Age Restrictions on Premises: _____yes _____no

9. What is the primary use on the premise (i.e. beauty salon)? _____

10. What are the accessory use, if any (i.e. tanning, retail, tattoos, piercing)? _____

11. **Attach Parking Site Plan**; must include any handicap spaces, employee parking, visitor parking, and loading/unloading locations along with entrance and exit.

Included?

12. You **MUST** contact department below and list any permits, certificates, and or licenses that are required for your type of business as described in this application. If none are required, please mark as non-applicable. **Initial each line.**

a. Barberton Building _____ 330.848.6724

b. Barberton Utilities _____ 330.848.6720

c. Barberton Fire _____ 330.848.6732

d. Barberton Police _____ 330.848.6701

e. Storm-Water _____ 330.861.7298

f. Health Dept. _____ 330.923.4891

13. Additional Comments: _____

14. I hereby certify that all statements made in this application are true and that I have a legal right or do possess a written power of attorney on above premise.

Applicant Signature

Date

Please note that zoning approval is contingent upon a Certificate of Occupancy and/or other relevant permits issued by the City of Barberton or Board of Health. The Certificate of Zoning Compliance is a non-transferable document.

FOR OFFICE USE ONLY

Date Submitted: _____

Payment Type: _____

Zoning District: _____

Use Group: _____

Landlord Authorization Approving Use _____

Proof of Ownership _____

Employee Parking Requirement: _____

Business Parking Requirement: _____