



# Concord Township, *Lake County, Ohio*

7229 Ravenna Road  
 Concord Township, OH 44077  
 (440)354-7505 or 354-7506  
 www.concordtwp.com

## **Application for Zoning Permit**

Application Number: \_\_\_\_\_

Application is hereby made for a Zoning Permit; the statements herein are made a part thereof. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact or expression of fact, either with or without intention on the part of the applicant, such as might, or would operate to cause the issuance of a permit in accordance with this application, shall constitute sufficient grounds for revocation of such permit at any time. All provisions of the Lake County Building Laws, the Concord Township Zoning Resolution, and all other applicable regulations shall be complied with whether specified herein or not. This application, when APPROVED, constitutes and becomes the Zoning Permit.

PROPERTY LOCATION	Address		Zip
	Parcel Number	Subdivision	
	Use District	Lot Size	Lot #

APPLICANT/OWNER	Applicant		
	Address		City Zip
	Phone	Email	
	Property Owner(if different than applicant)		
	Address		City Zip
	Phone	Email	

PERMIT TYPE	<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Parking Alteration
	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Deck/Porch	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Fence/wall
	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Sign	<input type="checkbox"/> Change of Use or Occupancy	
	<input type="checkbox"/> Move/Relocate	<input type="checkbox"/> Other _____		Estimated Value \$ _____

Applications shall not be accepted unless accompanied by the required fees, per the adopted fee schedule, construction plans, and a survey map or scalable site plan showing all existing structures, proposed construction or use for which this application is made and indicate all dimensions, setbacks, lot line clearances, streets, and roads. [Click here to map your property.](#) (Link to Lake County’s GIS Dept.)

PROJECT DESCRIPTION	
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By signing this Zoning Permit, the applicant gives consent to the Zoning Inspector to enter upon the property, at a reasonable hour, for the purposes of verifying conformance with this Zoning Permit. The applicant also acknowledges that any changes concerning the information as shown in this application such as location, size, setback, yard clearance, etc. must have approval of the Zoning Inspector. Failure in this respect shall constitute sufficient grounds for revocation of this permit. The zoning permit is void if work is not commenced within one (1) year from date of issuance.

I have read the statements made herein and certify that they are true. I will notify the Zoning Inspector immediately upon completion of this project in order to allow for inspection and issuance of Certificate of Zoning Compliance.

APPLICANT (PRINTED NAME) \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT (SIGNATURE) \_\_\_\_\_

**\*\*\*TO BE COMPLETED BY CONCORD TOWNSHIP ZONING DEPARTMENT\*\*\***

<b>PROJECT INFORMATION</b>	Total Structure Area _____ SF	<b>SETBACKS AND CLEARANCES</b>	
	First Floor _____ SF      Second Floor _____ SF		Front Building Setback _____ FT
	Number of Stories _____      Height _____ FT		Lot Width _____ FT
	Garage _____ SF      Basement _____ SF		Main Road Frontage _____ FT
	# of Enclosed Parking Spaces _____		Left Side Yard _____ FT
	Off-street Parking Area _____ SF		Right Side Yard _____ FT
	Dimensions of Structure: Width: _____ FT      Depth: _____ FT		Rear Yard _____ FT
	<b>Fence:</b> Type _____      Lineal Feet _____		Riparian Setback Yes or No
	<b>Pool:</b> In-ground or Above-ground      Diameter _____ FT		<b>Sign:</b> Wall sign or Freestanding sign
	<input type="checkbox"/> Fence included <input type="checkbox"/> Fence existing <input type="checkbox"/> Height of pool wall _____ FT		<input type="checkbox"/> Sign Area _____ SF <input type="checkbox"/> Type of Sign _____
Usable Floor Area _____ SF      Gross Floor Area _____ SF			
# of Required Parking Spaces _____			
# of Provided Parking Spaces _____			

DATE APPLICATION RECEIVED \_\_\_\_\_ FEE PAID \_\_\_\_\_ CASH OR CHECK NO. \_\_\_\_\_

DATE ACTION TAKEN ON APPLICATION \_\_\_\_\_

APPROVED      DISAPPROVED      \_\_\_\_\_

Zoning Inspector

REMARKS \_\_\_\_\_

\_\_\_\_\_

Date Certificate of Zoning Compliance Issued \_\_\_\_\_