



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 \$ _____	

Please mark any utility connections to be made in conjunction with the project.

Electric

Water

Sewer

Gas

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.)

DESCRIPTION OF PROJECT OR USE	
----------------------------------	--

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*****

PROJECT INFORMATION	Total Structure Area _____ SF		SETBACKS AND CLEARANCES	
	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
	Fence: Type _____ Lineal Feet _____			Riparian Setback Yes or No
	Pool: In-ground or Above-ground Diameter _____ FT			Sign: 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 _____		