

# ZONING ENFORCEMENT REQUEST

Rootstown Township  
3988 State Route 44  
Rootstown, OH 44272  
Zoning Office 330-325-9341  
rootstownzoning@sbcglobal.net

## YOUR INFORMATION

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

## PROPERTY YOU ARE REQUESTING FOR INSPECTION

Street Address \_\_\_\_\_

Other location information \_\_\_\_\_

## INFORMATION ABOUT THE OWNER (IF KNOWN)

Property Owner \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Property Owner Address \_\_\_\_\_

## DETAILS

Please describe the condition or use of a property or structure which may not be in compliance with the Township Zoning Resolution:

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## CERTIFICATION

By signing this form, the undersigned hereby confirm(s) that the information presented above was witnessed by him/her/them and the details are true, accurate and complete, and grants permission for the Zoning Inspector to inspect from their property.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ZONING OFFICE USE**

Date received \_\_\_\_\_

Nature of request:  Use of property  Structure

Section(s) of Zoning Resolution which applies: \_\_\_\_\_

Date of applicable section(s): \_\_\_\_\_

Zoning District: \_\_\_\_\_

Review of zoning file: Date \_\_\_\_\_

Findings of zoning file which pertain to this request: \_\_\_\_\_

\_\_\_\_\_

Referred to other office/department, if applicable: \_\_\_\_\_

Dates of inspections conducted on property: \_\_\_\_\_

Inspection details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of courtesy notice sent to property owner: \_\_\_\_\_

Response received on: \_\_\_\_\_ by phone / email / in-person

Details: \_\_\_\_\_

Date of first violation sent to property owner: \_\_\_\_\_

Response received on: \_\_\_\_\_ by phone / email / in-person

Details: \_\_\_\_\_

Date of second violation sent to property owner: \_\_\_\_\_

Response received on: \_\_\_\_\_ by phone / email / in-person

Details: \_\_\_\_\_

Violation forwarded to Trustees (if applicable) on: \_\_\_\_\_ Resolution # \_\_\_\_\_

Violation forwarded to Prosecutor's Office (if applicable) on: \_\_\_\_\_

Property deemed to be in compliance on: \_\_\_\_\_

Other action taken: \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrative Officer

\_\_\_\_\_  
Date