

ROOTSTOWN TOWNSHIP ZONING DEPARTMENT
APPLICATION FOR ZONING CERTIFICATE

4152 Tallmadge Road, Rootstown, OH 44272

Phone: 330-325-9341

Email: zoning@rootstowntwp.com

Address or parcel number: _____

Name of applicant: _____

Mailing address: _____

Phone number: _____ Email: _____

Name of land owner (if different from applicant): _____

Permit Type: Circle one

Accessory Building, Addition, Agriculture, Attached Garage, Billboard,
Certificate of Use (existing building), Deck, Demolition, Detached Garage, Enclosed Deck,
Fence, Handicap Ramp, Multi-Family, Outdoor Furnace, Pool, Shed, Sign,
Single-Family Dwelling, Solar Panels, Two-Family Dwelling, Wind Generator

Description: _____

Attach plot plan drawing which includes: Property lines, existing structure(s), proposed structure(s) with measurements and distances from property lines.

For new dwellings or Certificate of Use: Include a floor plan AND plot plan

For residential accessory buildings: Include distance from the house

For properties with well and septic: Include location of approved well and septic

Setbacks: Front _____ Rear _____ Left _____ Right _____

Sq. ft. or dimensions _____ Height _____ # of stories _____

*Usable floor space designed for use as living quarters, does not include basements, porches, garages, breezeways, terraces, attics, or partial stories.

By signing this Application, you consent to the Zoning Inspector or the Assistant Zoning Inspector entering upon your property for purposes of verifying compliance with this Zoning Certificate.

WITNESS:

Applicant Signature

Date

If denied, see next page.