Application for Zoning Certificate
City of Orrville, Ohio • 207 North Main Street • Orrville, Ohio 44667 • Phone 330-684-5000

All applications must include a site plan

LOCATION ADDRESS	PARCEI	L#	ZONING
Owner	Phone	Email	
Street	City/State		Zip
Contractor	Phone	Email __	
Street	City/State		Zip
Type of Use (circle all that apply):			
Residential – Single family home / Dupl Home Addition / Home Al Fence / Deck / Pool / Sigr Home Occupation*	teration / Shed / Garage		
<u>Commercial / Industrial</u> – New / Addition Design Revie		Other	
Description of Work, include dimensions, h	eight, etc.:	_	
Signage: Type			than one sign)
Est Construction Cost \$			
Setback Distance to Property Lines:			l oft
The following shall be included with the app			
•	nstruction drawings	Other	
Additional Comments:			
The owner of the above property and the underville, and hereby certify that the information			olicable laws of the City o
Sign Here —			Date
Printed r	name of applicant		
FEE DUE UPON APPLICATION \$	CONDITIO	NAL? Y/N	City use only
Boar Boar	ning Commission rd of Zoning Appeals gn Review Board Council	Deadline date _ Meeting date	
*Complete back of page also			

DESIGN REVIEW BOARD – CERTIFICATE OF APPROPRIATENESS (This section is only required if your project is in the CBDD (Central Business Development District) or downtown.) **Submission Requirements:** One (1) set of current color photos of existing building, lot, etc. and historic photos, if available Two (2) sets of full-size plans to scale, if applicable ☐ Nine (9) site plans ☐ Nine (9) drawings/plans indicating colors and materials to be used on exterior of building One (1) set of paint color chips (for exterior color change only) **Work Summary:** Please check the proposed work here and explain fully below. New Construction Infill Addition Demolition Exterior Building Alteration Signage ☐ Parking Landscaping Fence Patio or Deck ☐ Outdoor Lighting ☐ ADA Compliance Paint Awning Other (please explain) Estimated Cost: Describe proposed work and discuss historical significance; if applicable (Please attach additional sheets, if necessary.) HOME OCCUPATION Type of Business:

of Persons (including applicant) working on site: _____ Anticipated customers/clients per week: _____

Anticipated deliveries per week and type of delivery: _____

Will there be a vehicle used in connection with the home occupation? _____

If yes, describe the size and type of vehicle: _____

How many parking spaces are available for this address: ______

How many square feet and what percentage of floor area to be used by the business (of each floor) %

If applicable: Sign size _____, description _____

and location