

**Certificate of Zoning Compliance Application
Barberton Planning Department**

Completed applications should be returned to the Barberton Planning Department
576 W. Park Avenue, Barberton, Ohio 44203

Questions: planning@cityofbarberton.com or 330.848.6729

****Incomplete applications will be automatically DENIED****

Application Fee \$50.00

Code Section: 1350.05(b)(1)

Please Type or Print

1. Applicant's Name _____

Mailing Address: _____

City State Zip

Phone: _____

E-Mail Address: _____

Property Owners Name _____

Mailing Address: _____

City State Zip

Phone: _____

Email: _____

2. Zoning Compliance Certificate Address: _____

3. Zoning Compliance Certificate Parcel(s): _____

This can be found by visiting Summit County Fiscal Office website

4. Existing Building Description:

Building Description _____

Age of Building _____ Number of Stories _____

Total Number of Residential Units, if applicable _____

Number of Vacant Residential Units, if applicable _____

a. Describe each Floors Square Footage and Use Type (i.e. retail, office, storage)

First Floor Square Footage _____ First Floor Use _____

Second Floor Square Footage _____ Second Floor Use _____

Third Floor Square Footage _____ Third Floor Use _____

Basement Square Footage _____ Basement Use _____

Total # Commercial Units _____ Total # of Vacant Commercial Units _____

Total Square Footage Being Used for Proposed Business _____

5. Is your building located in the Historic Downtown District: _____ Yes _____ No

6. Describe in detail the proposed use at the property including, but not limited to the following:

Products: _____

Services: _____

Equipment: _____

Number of Employees: _____

Any Additional Information Relevant to your Business? _____

7. Any Age Restrictions on Premises: _____yes _____no

8. What is the primary use on the premise (i.e. beauty salon)? _____

9. What are the accessory use, if any (i.e. tanning, retail, tattoos, piercing)? _____

10. Attach Parking Site Plan; must include any handicap spaces, employee parking, visitor parking, and loading/unloading locations along with entrance and exit.

11. Please contact each of the departments below and list any permits, certificates, and or licenses that are required for your type of business as described in this application. If none are required, please mark as non-applicable. Initial each line.

- a. Barberton Building _____
330.848.6724
- b. Barberton Utilities _____
330.848.6720
- c. Barberton Fire _____
330.848.6732
- d. Barberton Police _____
330.848.6701
- e. Storm-Water _____
330.861.7298
- f. Health Dept. _____
330.923.4891

12. Additional Comments: _____

13. Do you, as the applicant, own the property? _____ Yes _____ No

*** If no, written authorization from the owner approving the use of your described business must be included with your application***

14. I hereby certify that all statements made in this application are true and that I have a legal right or do possess a written power of attorney on above premise.

Applicant Signature

Date

Please note that zoning approval is contingent upon a Certificate of Occupancy and/or other relevant permits issued by the City of Barberton or Board of Health. The Certificate of Zoning Compliance is a non-transferable document.