

# CITY OF WADSWORTH

## SITE DEVELOPMENT & ZONING PERMIT APPLICATION

### FOR COMMERCIAL, INDUSTRIAL & MULTIFAMILY USES & SIGNS

330-335-2753

ISSUE DATE ____/____/____	PERMIT No. _____
APPLICANT NAME.....	ZONING DISTRICT _____
JOB ADDRESS.....	COM _____ IND _____ MFR _____
TYPE OF CONSTRUCTION _____	CITY LOT # _____
OWNER NAME.....	PARCEL # _____
OWNER ADDRESS.....	PHONE # _____
GENERAL CONTRACTOR..	FAX - CELL # _____
CONTRACTOR ADDRESS _____	

  

Street	City	State	Zip Code
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ESTIMATED COST OF CONSTRUCTION \$ \_\_\_\_\_

### ZONING PERMIT INFORMATION

*FRONT SETBACK.....	USE _____
*LEFT SETBACK.....	USE TYPE:      PERMITTED <input type="checkbox"/> CONDITIONAL <input type="checkbox"/>
*RIGHT SETBACK.....	DATE OF PLANNING COMM. APPROVAL... _____
*REAR SETBACK.....	DATE OF A.D.C. APPROVAL ..... _____
HEIGHT ABOVE GRADE.....	DATE OF B.Z.A. APPROVAL ..... _____
(*SETBACKS INCLUDE OVERHANGS, ETC.)	IN FLOOD HAZARD AREA?..... YES _____ NO _____

### SITE DEVELOPMENT/ZONING FEE COMPUTATION

DEVELOPMENT BASE FEE .....	\$ _____	CP
TOTAL BUILDING AREA (SQ. FT.) _____ X _____ RATE = .....	\$ _____	CP
ZONING PERMIT FEE .....	\$ _____	ZP
SANITARY TAP-IN / CALCULATION + FEE .....	\$ _____	SF
EXCAVATION - SEWER CONNECTION PERMIT.....	\$ _____	SP
RECREATION ACQUISITION FEE (MULTIFAMILY ONLY) .....	\$ _____	DA
RECREATION DEVELOPMENT FEE (MULTIFAMILY ONLY) .....	\$ _____	DR
DEFERRED ASSESSMENT – WATER .....	\$ _____	WD
DEFERRED ASSESSMENTS - SEWER .....	\$ _____	SD
OTHER .....	\$ _____	
OTHER .....	\$ _____	
<b>TOTAL AMOUNT DUE .....</b>	<b>\$ _____</b>	

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY **OR** THAT I HAVE BEEN AUTHORIZED BY THE OWNER OF RECORD TO MAKE THIS APPLICATION AS HIS AGENT; AND I CERTIFY THAT ALL INFORMATION FURNISHED ON THIS FORM IS ACCURATE; AND AGREE TO CONFORM TO ALL APPLICABLE CODES OF THE JURISDICTION; AND OBTAIN FINAL INSPECTION APPROVAL BEFORE OCCUPANCY OF THE STRUCTURE. I CERTIFY THAT THE CODE OFFICIAL, OR HIS REPRESENTATIVE, SHALL HAVE AUTHORITY TO ENTER AREAS COVERED BY THIS PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE APPLICABLE CODES. I UNDERSTAND WHAT INSPECTIONS ARE REQUIRED, AND WHEN, AND HOW TO REQUEST AN INSPECTION.

**CALL THE MEDINA CO. BLDG. DEPT. AT 330-722-9223 FOR ALL COMMERCIAL BLDG, ELECTRICAL AND HVAC PERMITS AND INSPECTIONS. CALL MEDINA CO. HEALTH DEPT. AT 330-723-9668 FOR ALL PLUMBING PERMITS AND INSPECTIONS.**

SIGNATURE OF APPLICANT _____	DATE _____	ZONING OFFICIAL / DEPUTY _____	DATE _____
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