



City of Cuyahoga Falls

Division of Planning & Zoning

2310 Second Street
Cuyahoga Falls, OH 44221
330-971-8135

Application Number (office use): _____

Application Date (office use): _____

\$50.00 Zoning Certificate Application/New RESIDENTIAL Construction

1. Applicant Information

Owner _____
Street Address: _____
City, State Zip: _____
E-Mail Address: _____
Phone No. _____ Alt. Phone _____

Architect _____
Street Address: _____
City, State Zip: _____
E-Mail Address: _____
Phone No. _____ Alt. Phone _____

Contractor _____
Street Address: _____
City, State Zip: _____
E-Mail Address: _____
Phone No. _____ Alt. Phone _____

2. Project Information

Property Address: _____

Parcel Number: _____ Zoning: _____ District: _____

Please Attach:

Plot Plan (1"=20' scale, showing lot and building dimensions, building and zoning setback, topographic lines, finished grade elevations for all building sides and sidewalks/drives, easements, utilities, drives, drainage patterns)

*** Consult Cuyahoga Falls Engineering Department for all plot plan requirements.**

Building Elevations (showing exterior materials, heights, roof pitch, etc.)

Complete Architectural/Engineering Plans

Landscape & lighting plan, if applicable

Construction Cost: _____ Square Footage: _____

3. Applicant Certification

I/we hereby agree to conform to the City of Cuyahoga Falls General Development Code. I also hereby certify that all statements made and attachments on this application are true and complete and that I have a legal right to make this application or to possess a written power of attorney on above premises. Permits are issued with the understanding that the contractor will assure that the necessary sediment and erosion control methods are employed, as indicated on the approved plot plan. If sediment and erosion control measures are not in place, the City will conduct no further inspections. Furthermore, if utility taps are made and not inspected by City personnel, the contractor will be subject to monetary fines for each violation and a **Stop Work Order** will be issued. Applicant also assures that no work will commence until all City and County permits and fees are paid.

Signature _____ Date _____

4. Office Use

Approved
Signature _____
Date _____

Denied
Reason: _____
By: _____ Date _____

Cash Check Check #: _____
 MC/Visa/Discover Card #: _____

Final Inspection Approval Date: _____
By: _____