Village of South Russell

BUILDING AND ZONING DEPARTMENT
440-338-1312
building@southrussell.com

APPLICATION #_____
RECEIPT #_____
PERMIT # _____
DATE: _____

APPLICATION FOR ZONING PERMIT
PLEASE PRINT CLEARLY

Name of Applicant: _____
Applicant Address: _____
Applicant Phone Number: _____ Email: _____

Name of Owner of Record (if different from applicant): _____
Owner Address: _____
Phone Number: _____ Email: _____

If Applicant is not the Owner of Record, Applicant must either attach Owner of Record's permission to this Application or provide Owner of Record's Signature Permitting the Submission of this Application

Owner of Record Signature Permitting Submission of this Application: _____
Date: _____

Property Address (if different from Applicant's address): _____
Permanent Parcel Number: _____

Provide the zoning district in which the property is located (i.e., R-1A, B-2, etc.): _____
Provide a description of the existing use of the property (i.e., residential, commercial): _____
Provide a description of the proposed use of the property: _____

If this application is for a change in occupancy in the business or industrial district, please provide details of such change: _____

If this application is for a fence, please provide a site plan/map, drawn to scale, with a north directional arrow and date, showing the location of the proposed fence on the property and include the following:

a. New total length connected: _____; and
b. Total fencing on lot: (1) Existing _____(2) Proposed _____ .

If this application is for a sign, please provide a site plan/map, drawn to scale, with a north directional arrow and date, showing the location of the proposed sign on the property and include the following:

a. Building frontage _____ b. Usage type _____c. Location type_____.

Is this application for a new structure? _____An addition/alteration? _____
Will this structure be habitable or non-habitable? _____
If an accessory structure, state what the accessory structure be used for: _____

Please provide a set of blueprints for any proposed structure (including an accessory structure).

Please also provide a site plan/map, drawn to scale, with a north directional arrow and date, showing the following for any proposed structure (including an accessory structure) on the property:

a. Lot width: front _____ rear _____;
b. Lot depth – left _____ right _____;
c. Setbacks in feet from all lot lines in feet of structures on the property:
   (1) Existing structure(s): Front _____ Rear _____ Right _____ Left _____;
   (2) Proposes structure(s): Front_____Rear _____Right_____Left_____;
d. Total lot size: _____;
e. Dimensions and elevations in feet of any proposed structure on property:
   (1) Length_____(2) Width _____(3) Height _____;
f. Total project square feet: _____;
g. Height of all structures in feet: existing _____proposed_____;
h. Name/location of any existing road, public or private, adjacent to the property: _____;
i. Location and dimensions in feet of any easements on the property:
   (1) Existing: _____;
   (2) Proposed: _____;
j. Location and description of any existing and proposed landscaping and buffer areas on the property: _____;
k. Location of any exterior lighting features;
l. For business/commercial and industrial uses, the location, dimensions in feet and number of loading and unloading spaces _____; and
m. For business/commercial and industrial uses, the location, dimensions in feet, and number of parking spaces, if any, and proposed on the property:
   (1) Existing_____(2) Proposed _____(3) Location _____;

Any incomplete or inaccurate applications will be returned to the applicant.

Applicant's Signature _____ Date: _____

Printed Name: _____Phone: _____

FOR OFFICE USE ONLY

Re: _____

Address in South Russell

ZONING INSPECTOR, having reviewed this application and any site plan and/or blueprints/drawings (if applicable) finds the following action(s) required in accordance with the Zoning Code of the Village of South Russell:

_____

_____

_____

_____

Forward to Planning Commission[1] ___ Forward to Board of Zoning Appeals[2] ___ Forward to ARB[3]___

Signature: _____ **Date:** _____

Zoning Inspector

Required Action of the Planning Commission on _____, 20____, was as follows:

Approval ____ Conditional Approval ____ Conditions attached ____ Denied ____

Such Action of the Planning Commission is hereby certified by the Planning Commission Secretary on _____, 20 ___.

Signature: _____

Planning Commission Secretary

[1] If forwarded to the Planning Commission, applicant must complete the Application for Planning Commission Review (Form Z- ___).

[2] If application is forwarded to Board of Zoning Appeals, applicant must complete the Application for Variance or Zoning Inspector Error to the Board of Zoning Appeals (Form Z-6).

[3] If application is forwarded to the Architectural Board of Review, applicant must complete the appropriate application for ABR review.