

CITY OF CONNEAUT

HOUSING/ZONING OFFICE

Inspectors

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 Kelley Katon
 Janet Brown

City Hall Building
 294 Main Street
 Conneaut, OH 44030

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 (440) 593-7406

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Planning/Commercial/Industrial Application

Date of Application: _____ Parcel# _____ Permit # _____

Job Location

Property Owner	Applicant Name (if different than owner)
Street Address & Job Location (street number & name)	Phone Number

Contractor Information

Name of Owner or Company	Email Address	
Address (street number & name)	City	State & Zip Code
Phone Number with area code ()	Fax Number ()	Cell Phone No. ()

Corporate Resolution documents attached () YES () NO

Application for Planning Commission Review (must be submitted at least 5 days prior to Planning Commission Meeting, which is the 1st Tuesday of each month)

- | | | | |
|--|----------------|------------------|-------------------|
| ❖ Planned Unit Development Review Fee: | \$150.00 | Date Paid: _____ | Cash/Check# _____ |
| ❖ Multi-Family Site Plan Review: | \$150.00 | Date Paid: _____ | Cash/Check# _____ |
| ❖ Commercial Site Plan Review: | \$150.00 | Date Paid: _____ | Cash/Check# _____ |
| ❖ Industrial Site Plan Review: | \$250.00 | Date Paid: _____ | Cash/Check# _____ |
| ❖ Subdivision: | \$25/per split | Date Paid: _____ | Cash/Check# _____ |
| ❖ Zoning Amendment: | \$250.00 | Date Paid: _____ | Cash/Check# _____ |

Estimated Engineering Review Fee Deposit Amount \$ _____ Date Paid: _____ Check#: _____

Requirements:

- 3 sets of Working Drawing(s) showing the dimensions of the structure
- Location of structure on the property with dimensions showing distances from lot lines and any other structures
- Material Structure will be made of and how it will be anchored to foundation and/or building
- 3 sets of Site Plans must be attached to application

Property Owner Signature _____

Cost of Project _____

Applicant Signature _____

Date _____

For questions please refer to: www.conwaygreene.com/conneaut.htm or call the Zoning Administrator at (440) 593-7406

Department Use Only- Planning Commission Approval	
Approved _____	Reason for Denial _____
Denied _____	_____
_____	_____
Zoning Administrator	Date Approved or Denied