

VILLAGE OF GENEVA~ON~THE~LAKE

4929 South Warner Drive Geneva~on~the~Lake, Ohio 44041 Phone: 440-466-8197 Fax: 440-466-8911 www.genevaonthelake.org

mu Application Number.		
(office use only)		

Zoning Permit Application

You <u>must</u> attach a map & site plan showing the location and dimensions of your lot, the location of all buildings and their dimensions, and the dimensions of proposed project or replacement illustrating setbacks. You <u>must</u> also include either a survey or proof of property line ownership. You must attach the filing fee with this application before it will be considered.

Any work found without a permit or Stop Work Order issued shall double the respective permit fee (133.05 (G)).

Application Date:	Parcel Number:	_
Name of Property Owner:	Phone:	
Mailing Address:	City/State/Zip:	
Address of Project:		_
Description of Project:		_
Lot Size & Setbacks (Indicate I	tance from new construction & lot lines on site plan)	_
Lot Size:	Lot Depth: Lot Width:	
	ry Structure or Addition :\$125.00 \(\bigcup \) Commercial Structure:\$125/\$250.	
All Other:\$75.00 (check one): □	eck/Driveway \square Accessory Structure \square Change Use \square Fence \square Sign	1
Re-Zoning/Development:\$500	Amendments to Zoning Map/Vacate Street/Site Development	
Occupancy Type: Residentia	☐Commercial EMAIL :	
acknowledge that I am the deeproject to be completed by mys	eby certify that all of the information is truthful and accurate. I deproperty owner and that I grant permission for the aforementioned for my authorized agent/builder/contractor. I further acknowledge that Geneva-on-the-Lake Zoning Code and the State of Ohio Building Code ounty Building Department.	
(Property Owner Signature)	(Authorized Agent/Builder/Contractor Signature)	
(Property Owner Address)	(Authorized Agent/Builder/Contractor Address)	
(Property Owner Phone)	(Authorized Agent/Builder/Contractor Phone)	
	A Agent/Builder/Contractor when submitting this application, you murty owner to ensure their knowledge/approval of the proposed project.	
Please contact the	ning Inspector at (440) 466-8197 with any questions.	
********	*******Village Office Use Only*******************************	**

_____ Date: ____

_____ Payment Method: __

__ Receipt #: __

Zoning Permit Application-Continued	Permit/Application Number: (office use only)
Current Zoning District: ☐ Residential-One Family (R-1) ☐ Luxury Motorco	oach Resort (LMR)
\square Resort District (RD) \square Neighborhood Mixed Use (NMU) \square Coastal (VE)	
Application is approved with following conditions:	

Zoning Inspector	Date

_Application is denied for following reason: _____

Zoning Appeal Fees:

Any person aggrieved by the decision of the Zoning Inspector must file an appeal form with the Board of Zoning Appeals at Geneva-on-the-Lake Village Hall no later than twenty (20) days after the date of denial. Said appeal shall be on a form obtained from Village Hall. At the time of submission, you also pay the corresponding appeal fee. Then you will be afforded a hearing. See Codified 1143.04

This permit is valid for one (1) year from date of acceptance and the project must be completed

within that year, unless construction has begun on the site. See Codified 1141.08.