



Village of Roaming Shores

2500 Hayford Road

P.O. Box 237

Roaming Shores, Ohio 44084

Office: 440-563-3132, Administrator: 563-5083, Fax: 563-5912

www.roamingshoresOH.gov

Zoning Permit Application

The undersigned hereby applies for a Zoning Permit to be issued on the basis of the representations contained herein, all of which the applicant swears to be true. All permit fees are non-refundable. This permit shall expire and will be revoked if work has not begun within one (1) year or work has not been completed within two (2) years.

Location of Property

Street _____

Building Zone _____

Name and Address of Land Owner

Phone # _____

E-mail _____

Name and Address of Contractor

Phone # _____

E-mail _____

Type of Construction

Residential Commercial Shoreline

Other _____

Proposed use: _____

Size of Structure

_____ Feet in width

_____ Feet in length

_____ Height (highest point of above ground)

Residential Construction Information

Square feet of living space on the: First floor _____

Second floor _____

Foundation, basement, crawl space etc... _____

Lot Size Information

_____ Frontage on the main street or road

_____ Depth of right side lot line from main road right-of-way

_____ Depth of left side lot line from main road right-of-way

_____ Width of rear lot line

_____ Frontage on lake lot line (If applicable)

Structure Location Information

Setback of building from main street right-of-way: _____
Rear yard setback from building to lot line or lake bed: _____
Right side yard setback from building/deck/dock etc... to lot line: _____
Left side yard setback from building/deck/dock etc... to lot line: _____
If corner lot – setback from side street road right-of-way: _____

Date application received _____ Date permit issued _____

Permit number _____ Permit fee \$ _____ Impact fee \$ _____
Road bond \$ _____ Total \$ _____

Zoning/Building Inspector _____

Affidavit of Owner / Applicant

It is understood and agreed by this applicant/owner that the village zoning officer may at any time enter the grounds of said property without prior notification in order to inspect the proposed project regardless of its stage of completeness. Further, it is understood that any error, misstatement or misrepresentation of material fact either with or without intention on the part of this applicant and owner, such as might, or would, operate to cause a refusal of this application, or any material alteration or change in the accompanying plans made subsequent to the issuance of a Zoning Permit in accordance with this application, without the approval of the zoning inspector, Village of Roaming Shores, Ashtabula County, Ohio , shall constitute sufficient grounds for the revocation of such Zoning Permit and the imposing of a fin pursuant to the Planning and Zoning Code of the Village of Roaming Shores. **This applicant and owner further attest that the primary structure(s) on this land parcel(s) has now posted, or will have posted upon completion of construction requested by this application, visible street address(s) numbers as specified in the aforementioned documents.**

Please notify the Village Zoning Office upon completion of your building/structure or completion of the footers (if house, house addition, boathouse or garage). As stipulated in the Zoning Code and inspection must be made in order to issue the required certificate of use/occupancy permit or to allow the continuation of the project. If survey method #2 is used it is acceptable to forward to the Zoning Office a copy of the registered surveyor’s foundation “as built”.

Signature Applicant / Owner _____ Date _____

Zoning Variance Approved/Not Approved/Approved with conditions – Date: _____

Signature of Zoning Board of Appeals Members Present – Attach Special Condition on Separate Page.

X _____ X _____
X _____ X _____
X _____