

FOR OFFICE USE ONLY		
Project Address:		
Date Rec'd: Date Entered:		
Payment Amt: Cash Check		
Rec'd by:		

## **ZONING PERMIT**

## APPLICATION FOR REPAIR/RENOVATIONS

FEE - \$45.00

Note: Building permit may be required from Lake County Building Department

Project Information					
Residential Commercial	Industrial [	] Mixed			
Property / Site Address:					
Parcel #:	Zoning [	District:	Design Review / Historic Preservation District		
Describe the nature of the work fo	$_{ m r}$ the application: $_{ m c}$				
SQ footage of project: Site Improvement Costs: Construction Costs:					
Note: A site plan (drawing showing scope of work) and construction plans must accompany this application.  Applicant Information					
Owner (property owner information and signature required for processing of this application)					
Name:	Address (if different than site address):				
City:	State:	Zip:	Phone number:		
Email address:			<del></del>		
Applicant other than the owner	<u>r</u> (property owner	information and si	gnature required for processing of this application)		
Name:	Company (if applicable):				
Address:	Phone	number:	Email address:		
Are you a registered contractor in	the City of Painesy	ille2 □ VES □ M	0		

\*\*\* REVERSE SIDE MUST BE COMPLETED BEFORE PROCESSING \*\*\*

Contractor Information					
General/Builder	Are you a registered contractor in the City of Paines	ville? YES NO Registration #:			
Company/DBA:	Name:				
Address:	Phone number:	Email address:			
Electrical Are you	a registered contractor in the City of Painesville?	YES NO Registration #:			
Company/DBA:	Name:				
Address:	Phone number:	Email address:			
Sewer Builder Ar	e you a registered contractor in the City of Painesvil	le? YES NO Registration #:			
Company/DBA:	Name:				
Address:	Phone number:	Email address:			
Plumbing Are you	u a registered contractor in the City of Painesville?	☐ YES ☐ NO Registration #:			
Company/DBA:	Name:				
Address:	Phone number:	Email address:			
Other Are you a	registered contractor in the City of Painesville?	YES NO Registration #:			
Company/DBA:	Name:				
Address:	Phone number:	Email address:			
	Applicant Cert	ification			
application. I also her this application or to	eby certify that all statements made on this applica	nave read all accompanying documentation attached to this ation are true and complete and that I have a legal right to make oremises. I understand that issuance of this permit is for zoning			
Applicant Signature: _		Date:			
Owner Signature:(required if person <b>oth</b>	ner than the owner is submitting this application)	Date:			



## APPLICATION FOR REPAIR/RENOVATIONS

By signing this application, I agree to comply with the City of Painesville Ordinances. Please note: Making application for this permit/certificate entitles Painesville Inspectors complete access to the property to conduct all necessary inspections. A site plan shall be submitted and the review procedure shall ensure development complies with the standards of the Unified Development Code (UDC). Issuance of a Certificate of Compliance (Zoning Permit) shall not be construed as a building permit for projects.

\*\*\* NOTE: PLEASE REFER TO CHAPTER 11 OF THE CITY OF PAINESVILLE
PLANNING AND ZONING CODE FOR RESIDENTIAL APPEARANCE
STANDARDS AND REQUIREMENTS FOR COMMERCIAL AND INDUSTRIAL
BUILDINGS \*\*\*

Any application for development review under this Code shall be accompanied by such fee as shall be specified in Section 1105.05. No application shall be processed or determined to be complete until the established fee has been paid.