



COMMERCIAL/INDUSTRIAL APPLICATION FOR ZONING PERMIT

PROJECT ADDRESS: \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

PROPERTY PRESENTLY ZONED AS: \_\_\_\_\_

PROPOSED BUILDING OR ALTERATION TO PROPERTY: Check all that apply

BUSINESS \_\_\_\_\_ INDUSTRY \_\_\_\_\_ REMODELING \_\_\_\_\_ NEW CONSTRUCTION \_\_\_\_\_ SIGNAGE \_\_\_\_\_

GARAGE/SHED \_\_\_\_\_ FENCE HEIGHT \_\_\_\_\_ SIDEWALK/DRIVEWAY \_\_\_\_\_ ZONING AMENDMENT \_\_\_\_\_

OTHER (Explain) \_\_\_\_\_

NUMBER OF OFF-STREET PARKING SPACES TO BE PROVIDED: \_\_\_\_\_

NUMBER OF OFF-STREET LOADING BERTHS TO BE PROVIDED: \_\_\_\_\_

On a separate sheet attach a list of other supplemental requirements or conditions that will be met or explain any points you feel need clarification.

For Commercial and Industrial applications, The Silvercreek Township Fire Department must have performed an assessment and completed the "Silvercreek Township Fire Department Assessment" section below prior to submission to Jamestown Zoning.

NOTE: This permit shall be void if no construction is started or use changed within six months of the date of this permit.

NOTE: If the applicant is not the property owner, applicant must have consent from the property owner allowing the work on the property to be completed.

1111.03 Fee for Zoning Amendment is \$300.00 (07.21.08)

1113.03 Fee for Zoning Permit is \$50.00 (07.21.08)

The undersigned applies for a zoning permit for the following use, said permit to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form, to submit plans drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations. All additional permits required by other entities are the applicants' responsibility.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Completed zoning applications with attachments can be emailed to zoning@jamestownohio.gov or dropped off at the Village Office at 84 Seaman Dr. Jamestown, Ohio 45335.



COMMERCIAL/INDUSTRIAL APPLICATION FOR ZONING PERMIT

-----  
(For Official Use Only)

**SILVERCREEK TOWNSHIP FIRE DEPARTMENT ASSESSMENT**

DATE RECEIVED: \_\_\_\_\_

COMPLIES WITH THE NATIONAL FIRE CODES: \_\_\_\_\_

DOES NOT COMPLY WITH THE NATIONAL FIRE CODES: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

\_\_\_\_\_  
Print Name, Title

\_\_\_\_\_  
Silvercreek Township Fire Department (Signature)

**VILLAGE OF JAMESTOWN**

DATE RECEIVED: \_\_\_\_\_ PERMIT FEE PAID: CASH / CREDIT CARD / CHECK# \_\_\_\_\_

ACTION ON APPLICATION: APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_

Date of Action on Application: \_\_\_\_\_

Signature: \_\_\_\_\_  
Village of Jamestown Zoning Inspector