

COVENTRY TOWNSHIP ZONING PERMIT APPLICATION

CONSTRUCTION ADDRESS: _____

APPLICANT NAME: _____ ADDRESS: _____

APPLICANT PHONE NO.: _____ CELL PHONE NO.: _____

EMAIL ADDRESS (OPTIONAL): _____

PROPERTY OWNER: _____ ADDRESS: _____

OWNER PHONE NO.: _____ CELL PHONE NO.: _____

ZONING DISTRICT:

PARCEL NUMBER(S):

CHECK ONE: RESIDENTIAL

COMMERCIAL

CHECK ONE: NEW CONSTRUCTION

ADDITION TO EXISTING STRUCTURE

CHECK ONE: SEPTIC SYSTEM
(HEALTH DEPT. APPROVAL REQ'D.)

CENTRAL SANITARY SEWER
 SUMMIT COUNTY CITY OF AKRON

CHECK ONE: WELL WATER

CENTRAL WATER SYSTEM
 SUMMIT COUNTY CITY OF BARBERTON

CHECK ONE: RIPARIAN AREA

YES NO

ALLOTMENT: _____ LOT NUMBER: _____

LOT SIZE: _____ FRONTAGE: _____ DEPTH: _____ AREA: _____

DESCRIPTION OF CONSTRUCTION:

USE: _____

SIZE: _____ HEIGHT: _____

SETBACKS:

FRONT: _____ RIGHT SIDE: _____

REAR: _____ LEFT SIDE: _____

A site plan and elevation view of proposed construction with dimensions and distances to the property lines must be submitted in addition to the above information to obtain a Zoning Permit. (See example "site plan")

APPLICANT'S SIGNATURE: _____

DATE: _____

FOR ZONING OFFICE USE ONLY

APPLICATION APPROVED

PERMIT NO. ISSUED: _____

APPLICATION DISAPPROVED

REASON: _____

ZONING INSPECTOR SIGNATURE: _____

DATE: _____