

CITY OF CONNEAUT

HOUSING/ZONING OFFICE

Inspectors

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COMMERCIAL STRUCTURE PERMIT APPLICATION

PERMIT # _____

Date of Application: _____ Zoning District _____ Parcel ID # _____ - _____ - _____

Job Location

Property Owner	Applicant Name (if different than owner)
Street Address & Job Location (street number & name)	Phone Number

Contractor Information

Name of Owner or Company	Email Address	
Address (street number & name)	City	State & Zip Code
Phone Number with area code () ()	Fax Number () ()	Cell Phone No. () ()

Corporate Resolution documents attached () YES () NO

Application for Planning Commission Review (must be submitted at least 5 days prior to Planning Commission Meeting, which is the 1st Tuesday of each month)

- | | | | |
|--|----------------|------------------|-------------------|
| ❖ Planned Unit Development Review Fee: | \$150.00 | Date Paid: _____ | Cash/Check# _____ |
| ❖ Multi-Family Site Plan Review: | \$150.00 | Date Paid: _____ | Cash/Check# _____ |
| ❖ Commercial Site Plan Review: | \$150.00 | Date Paid: _____ | Cash/Check# _____ |
| ❖ Industrial Site Plan Review: | \$250.00 | Date Paid: _____ | Cash/Check# _____ |
| ❖ Subdivision: | \$25/per split | Date Paid: _____ | Cash/Check# _____ |
| ❖ Zoning Board of Appeals: | \$250.00 | Date Paid: _____ | Cash/Check# _____ |

Estimated Engineering Review Fee Deposit Amount \$ _____ Date Paid: _____ Check#: _____

Requirements:

- Survey plus 3 sets of Site plan(s)
- Material Structure will be made of and how it will be anchored to foundation and/or building
- Survey & plans must be submitted with the Commercial Application

Property Owner Signature

Cost of Project

Applicant Signature

Date

For questions please refer to: www.conwaygreene.com/conneaut.htm or call the Zoning Administrator at (440) 593-7406

Department Use Only- Planning Commission Approval		
Approved _____	Reason _____	for _____
Denial _____	Denied _____	Ref Ordinance: _____