



# 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. To be considered, all applications must be submitted with a **digital copy** (i.e., a PDF) of a **site** and **building plan** (for homes, boat houses, sheds, etc...).

### Location of Property

Street \_\_\_\_\_

Building Zone \_\_\_\_\_

### Name & Address of Land Owner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

### Name & Address of Contractor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

### Bank/Finance Information (Not applicable )

Name \_\_\_\_\_

City \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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 road Right of Way  
\_\_\_\_\_ Right lot line depth from road ROW  
\_\_\_\_\_ Left side line depth from road ROW  
\_\_\_\_\_ Width of rear lot line

\_\_\_\_\_ Frontage on lake lot line (If applicable)  
 Check if corner lot (25' set-back on each street side)

**Proposed Structure Location Information**

Setback of building from main street ROW: \_\_\_\_\_  
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 ROW: \_\_\_\_\_

**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 charge 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 fine 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** \_\_\_\_\_

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**TO BE COMPLETED BY OFFICE** Date application received \_\_\_\_\_

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

Zoning/Building Inspector \_\_\_\_\_

Date permit issued \_\_\_\_\_ Date permit rejected \_\_\_\_\_

**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 \_\_\_\_\_