



Madison Township, Lake County, Ohio
APPLICATION FOR ZONING PERMIT
 Residential New/Additions, Accessory Structures, etc.

2065 Hubbard Road
 Madison, Ohio 44057
 (440) 428-1120
 zoning@madisontownship.net

Application # _____

This **Application (1)**, a labeled **Sketch (2)** of the Parcel showing all new structures, dimensions and setbacks, and the appropriate **Fee (3)** must all be submitted for Approval to the Zoning Office - **Email / Address** in the top right corner. Please visit the Zoning Page at **madisontownship.net** for links to the Map and the Resolution to reference any Zoning requirements.

APPLICANT/ Company Contact Info: <small>(If not the owner, authorization required)</small>	Applicant Name:	Owner Name: <small>(If different):</small>	
	Phone #:	Owner #: <small>(If different)</small>	
	Email:		
	Address:		
	City:	State:	Zip:

PROJECT:	Name or Type of Project:
	Location Address:
	Permanent Parcel Number:
	Current Zoning on Parcel(s):
	Estimated Cost of Construction:

Permit Type:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture Structure		
	<input type="checkbox"/> New Structure <input type="checkbox"/> Swimming pool <input type="checkbox"/> Home Occupation (describe)		
Permit Use:	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> If Inground	_____
	<input type="checkbox"/> Addition	<input type="checkbox"/> Sign	<input type="checkbox"/> Change of Use (describe)
	<input type="checkbox"/> Alteration	<input type="checkbox"/> If Temporary	_____
	<input type="checkbox"/> Deck/Front Yard Fence	<input type="checkbox"/> If Projection	_____

SETBACKS:	Closest Side Yard: _____ <small>(Min. 3 ft Access. Struct.)</small>	Rear Yard: _____ <small>(Min. 3 ft Access. Struct.)</small>	Distance from Dwelling: _____ <small>(Min. 10 ft Access. Struct.)</small>
	Total Side Yard: _____ <small>(Min. depends on Zone)</small>	Front Yard: _____ <small>(Min. depends on Zone)</small>	Total Lot Area/Acres: _____

Structure Dimensions:	Length: _____	Width: _____	Height: _____
Signs Dimensions:	Length: _____	Width: _____	Total Sq. Ft. _____

*FOR NEW DWELLINGS ONLY:		
<small>Usable floor space for use as living quarters EXCLUSIVE of basements, porches, garages, breezeways, terraces, attics, or partial stories.</small>		
First Floor: _____ sq. ft.	Second Floor: _____ sq. ft.	Total Sq. Ft: _____

IMPORTANT NOTICE TO APPLICANT: Any changes whatsoever concerning the information as shown in this application such as Location, Size, Setback, Side yards, etc., must have approval of the Zoning Inspector. Failure in this respect shall constitute sufficient grounds for revocation of this permit. Zoning Inspector must be notified when footers have been poured. 440-428-1120

Remarks and/or Special Instructions: _____

I have read the statements made herein and certify that they are true:

Applicant Signature **Date**

*Email completed application to zoning@madisontownship.net

**Reference madisontownship.net for all Zoning Requirements

***This application when **APPROVED** constitutes and becomes the **Zoning Permit**

Common Zoning Fees

- New Dwelling: \$250
- Accessory Structure: \$50
- Addition: \$75
- Alteration: \$50
- Deck/Front Yard Fence: \$25
- Swimming Pool: Above \$25 / Inground \$50
- Home Occupation: \$50
- Change of Use: \$50
- Commercial Sign: \$150

*For New or Existing Commercial Structures
Please call 440-428-1120

**Fees to be paid with exact cash or check made
Payable to Madison Township. Application and check can
Be mailed to 2065 Hubbard Rd. Madison. OH 44057

Zoning Certificate: **Approved** **Permit#** _____
 Disapproved

If denied, reason for disapproval: _____

Zoning Inspector **Date**

RECEIPT: \$ _____ fee paid. Cash/Check # _____ Received by: _____

- No Fee Agriculture
- No Fee Non – Profit Exempt

Footers Inspection **Date:** _____ **By:** _____

Approved
 Disapproved **Reason:** _____