

City of Green Board of Zoning Appeals 1755 Town Park Blvd * P.O. Box 278 * Green, OH 44232-0278

Telephone: 330-896-6605 Fax: 330-899-0469 Email: zoning@cityofgreen.org

APPEAL / VARIANCE REQUEST APPLICATION

Applications for an Appeal or Variance 1) Completed Appeal/Variance Request Appli 2) Fee in the amount of \$300.00; 3) Completed Zoning Permit Application for the Optional: Supporting documentation, photo 5) One 11 x 17 scalable site plan showing all of	cation identifying your specific the proposed project, as applicables, and/or narrative statements su	request; ple; plestantiating the request;	
of the IT X I / because the plan the wing and	, не черен	Application Date:	
Applicant Name: Charlene A	Itha	Telephone: 330-882-62	81)
Applicant Mailing: 198 E. Comen	+ Rd. Clinton	n. Of 44216	
Subject Property Address: (if different)			
Subject Property Parcel No.: 28-00213			
Property Owner: (if not applicant) Charles	A 1	Telephone: 330-882-68	811
100 H	et Rd, Clinton, O	×144216	
which may also delay scheduling of your has required. We fore hazardous. Streethe 2 Incento get a variance	nearing. Sown was built a down the old built of the old	tatement may render your application incompleted the 1930'S before zoning the 1930'S before zoning the 1930's	te,
		Applicant Signature Othor 9-10 Applicant Signature Date	1-24
Doors open at 5:30 p.m. Hearings are Non-refundable Fee: \$300.00	of the subject property/project may be ministration Building, 1755 Town Pa	be brought to the hearing. ark Blvd (located off Massillon Rd, north of Steese Rd) der received, starting promptly at 6:00 p.m. Visa MC Conf. No.:	
Hearing Date: 10/17/24	Hearing Time: 6pm	BZA22- BZA2024-0027	
Received By:			

City of Green Zoning Division

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RESIDENTIAL ACCESSORY PERMIT APPLICATION

PARCEL NO.

A Zoning Permit through this office is required for all structures over 30 square feet; a building permit through Summit County Dept of Building Standards is required for all accessory structures over 200 square feet. The property owner will ultimately be held responsible if permits are not obtained.

ACCESSORY USES: Complete areas of the application form relative to the specific project:

* 1 set building plans - 11 x 17 * 3 site plans - 11 x 17

* 2 copies of application form

SEPTIC LOT APPROVAL:

For septic lots, the Summit County Health Department (SCHD) requires an assessment of the septic system prior to issuance of a building permit by Summit County Building for any residential addition or construction of an accessory use.

This assessment is NOT REQUIRED for small garden-type sheds.

SETBACK REQUIREMENTS:

Sheds & storage buildings: minimum of 5 ft from rear and side yard property lines

FFFS.

The fee for all Accessory Uses is \$75; checks should be made pay and exact cash.	rable to City of Green. We	also accept Visa & Mastercard debit & credit cards,
Project Address: 198 E. Comet Rd	ZIP: 44316 L	ot No: Subdivision:
Applicant: Charlene Atha	P	Phone: 330-882-6811
Applicant Address: 198 E. Comet Rd	c	City/State/Zip: Clinton, Olt 44216
Contractor, if not applicant: American Steel	Carports, 19+	Mione: 866-730-9865
Contractor Address: 457N. Broadung	y St.	ity/State/Zip: 65hua TX 16058
Contractor Email: american steeling	som/dea	ler '
Field Contact, if a problem would arise onsite: Torob McCr	rackin c	Sell: 330 - 961-1517
Property Owner Name, if not applicant:		Phone: ed from the structure to the nearest property lines,
SUNROOM / PATIO ENCLOSURE GARAGE	and are relative to the 24/12 27 OVERHANG SIZE 24 20 9	Specific project only, i.e. deck, shed, pergola, etc. FRONT SETBACK - PROPERTY LINE TO FOUNDATION LEFT SETBACK - PROPERTY LINE TO FOUNDATION REAR SETBACK - PROPERTY LINE TO FOUNDATION RIGHT SETBACK - PROPERTY LINE TO FOUNDATION FR in
BZA VARIANCE: Date: 9-3-14No:		THAN 4,356 SQ FT OF LAND AREA? Yes \(\frac{1}{N}\)O
BUILDING PERMIT: SUMMIT COUNTY DEPT. OF BUILDING S LOCATED 2 MILES EAST OF THE RT. 8 IN		LLMADGE AVE. 330-630-7280
THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMAT TO AGENTS OF THE CITY ENTERING PREMISES FOR INSPECT	TION AND VERIFICATION	OF INFORMATION SUBMITTED, AND IF THIS

Applicant Signature: Charlene atha

Date: 9-3-24