

City of Cuyahoga Falls Division of Planning & Zoning

2310 Second Street Cuyahoga Falls, OH 44221 330-971-8135/330-971-8366 Application Number (office use):

Application Date (office use):

\$50.00 -- Zoning Certificate Application/Commercial Construction

1. Applicant Information (Contact Information)		
Owner	Name / Contact:	Phone No.
Contractor	Street Address:	Alt Dhono
Other	City, State Zip:	Fax No.
	E-Mail Address:	
2. Project Information		
Property/Site Address:		Corner Lot?
Lot Width: Lot Depth: Lot Square Footage:		
Project Description:		
Project Setbacks	: Front (ft.) Side (ft.)	Rear (ft.) Project Height:
Project Exterior Materials:		Construction Cost:
* ATTACH COMPLETE DESCRIPTION, SITE PLAN, ELEVATION AND CONSTRUCTION DRAWINGS.		
3. Applicant Certification		
I/we hereby agree to conform to the City of Cuyahoga Falls General Development Code. I also hereby certify that all statements made on this application are true and complete and that I have a legal right to make this application or to possess a written power of attorney on above premises.		
Signature: Date		Date /
4. Office U	se	
Approved (re	equires stamp) 🔲 Denied (state reasons)	
		Check Check #:
		MC/Visa/Discover Card #:
		Final Inspection Approval Date:
		By:
		Comments: