

Permit # _____ - _____

Village of Boston Heights

(USE)

45 E. Boston Mills Road Boston Heights, Ohio 44236 (330) 650-4111 Fax (330) 655-9578

ZONING PERMIT - (USE)

(Change or Modifications to the Use of a Property)

Address of Permit: _____ Property Owner Name: _____ Property Owner Phone #: _____ Contractor Name: _____ Street Address: _____ City, State, Zip: _____ Office Phone #: _____ Contact Name: _____ Email: _____ 24 Hr # (Mobile): _____	<p style="text-align: center;">Proposed Work Type (Check all that apply)</p> <input type="checkbox"/> New Use <input type="checkbox"/> Change of Use
Estimated Start Date: _____ Total Work Days: _____ Description of Permit Request: _____ _____ _____ _____ _____ _____	<p style="text-align: center;">District</p> <p>The undersigned hereby applies for a zoning certificate in the following district:</p> <input type="checkbox"/> Residential (RES) (1153) <input type="checkbox"/> General Business (GB) (1159) <input type="checkbox"/> Office Professional (OP) (1157) <input type="checkbox"/> Light Manufacturing (LM) (1161) <input type="checkbox"/> Retail Business (RB) (1160) <input type="checkbox"/> Other (describe use) _____

Applicant Certification:
 The undersigned applicant hereby states that the information contained in this application is true and that the proposed land and/or building(s) shall be used for the purposes stated. The acceptance of this certificate constitutes the applicants agreement to abide by all provisions of the Village of Boston Heights Zoning Ordinances, as amended from time to time, and all laws of the State of Ohio governing use of lands & buildings herein described.

 Applicant _____
 Date

<p>Additional Information Required:</p> \$ _____ FEE \$ _____ Deposit (Professional Review)	<p>Permits</p> <input type="checkbox"/> GP <input type="checkbox"/> BLDG <input type="checkbox"/> FP <input type="checkbox"/> ROW	<p>Approvals</p> <input type="checkbox"/> PC REQ'D <input type="checkbox"/> BZA REQ'D	<p>Miscellaneous</p> <input type="checkbox"/> License and Permit Bond (\$10,000)* <input type="checkbox"/> Workers Comp. Certificate <input type="checkbox"/> Certificate of Liability Insurance (Name Village of Boston Heights as add'l insured)
<p>*If the applicant already had obtained a bond with Summit County, they use said bond and provide a copy to the Village.</p>			
Additional Comments from Zoning Inspector: _____ _____			

<p>Village Approval</p> _____ Zoning Inspector, Arthur Schmidt, IV E-mail: arthur.schmidt@ohm-advisors.com, PH: 216.865.1342	<input type="checkbox"/> Approved <input type="checkbox"/> Approved, as noted (See Attached) <input type="checkbox"/> Denied (Applicant May Appeal to BZA)
_____ Date	

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LICENSE AND PERMIT BOND

Location of Work: _____

Bond #: _____

Principal: (Full name and address)

Obligee: (Principal's customer)

Effective Date: _____
(Valid up to 3 years)

Expiration Date: _____

AMOUNT OF BOND:

_____ Dollars (\$ _____),

lawful money of the United States, to be paid to the said obligee, for which payment well and truly to be made we bind ourselves and our legal representative, jointly and severally.

The condition of this obligation is such, that whereas, the principal has been licensed by the Obligee for:

NOW, THEREFORE, it said Principal shall faithfully perform all the duties and comply with the laws and ordinances, (including all amendments) pertaining to license or permit, then this obligation shall be null and void; otherwise to remain in full force for not more than 36 consecutive months, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall ipso facto terminate and the Surety shall be relieved from any liability for any subsequent acts or missions of the Principal.

become liable on account of the issuance of said license and permit. The maximum liability shall not exceed the bond penalty.

Signed with our hands and sealed with our seals this, the _____ day of _____, 2013

(Principal)

(Surety)

(Notary Public)

_____ County, Ohio

My commission expires: _____