



CITY OF MACEDONIA

The Crossroads of Northeast Ohio

9691 Valley View Road ° Macedonia, Ohio 44056

330 / 468-8360 ° Fax: 330 / 468-8396



*Building Department
Engineering/Zoning Department*

RESIDENTIAL ZONING CERTIFICATE APPLICATION

*****ALL APPLICATIONS MUST BE ACCOMPANIED BY A DRAWING*****

LOCATION OF JOB: _____

OWNERS NAME: _____ OWNERS PHONE: _____

JOB TYPE: (CHECK ALL THAT APPLY:

_____ SHED SIZE _____ SQ.FT

_____ DECK/GAZEBO/OPEN PORCH

_____ POOL ABOVE GROUND _____ BELOW GROUND _____

_____ FENCE

_____ OTHER: _____

***ALL CONTRACTORS AND/OR SUBCONTRACTORS MUST BE REGISTERED WITH THE CITY
PRIOR TO BEGINNING WORK***

CONTRACTOR: _____ CONTRACTOR PHONE: _____

CONTRACTOR EMAIL ADDRESS: _____

SUBCONTRACTOR: _____ SUBCONTRACTOR PHONE _____

The acceptance of this application constitutes an agreement to abide by all conditions herein contained and to comply with all Ordinances of Macedonia and Laws of the State of Ohio relating to the structure herein described and/or the work to be done hereunder.

I hereby declare, under the penalties provided for in the Zoning Ordinance of Macedonia for violation thereof, that the statement made in connected with this project in this application for a Permit or Certificate are to the best of my knowledge and belief, true.

SIGNATURE _____ DATE _____

** Service * Commitment * Pride **