



**BRIMFIELD TOWNSHIP  
MISCELLANEOUS STRUCTURE & SIGN  
ZONING CERTIFICATE APPLICATION**

**1333 Tallmadge Road Kent, Ohio 44240**

**Telephone 330-678-0739 FAX 330-678-6626 Email: zoning@brimfieldohio.gov**

**Date:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

**I would like to request the following:** \_\_\_\_\_

**Deck**

**Fence**

**Pool**

**Accessory Building**

**Sign**

**Description, Dimensions, Location & Height:** \_\_\_\_\_

**Please provide site sketch, structure renderings, etc.**

REAR SETBACK

SIDE  
SETBACK

SIDE  
SETBACK

**This site plan shall become part of my application for a zoning certificate and all dimensions are accurate to the best of my knowledge.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
Applicant Signature

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
Owner Signature

**Approved** \_\_\_\_\_ **Date** \_\_\_\_\_  
Zoning Inspector Signature

**Denied** \_\_\_\_\_ **Date** \_\_\_\_\_  
Zoning Inspector Signature

**Reason for Denial:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

**Certificate #** \_\_\_\_\_