



ZONING CERTIFICATE APPLICATION FOR TEMPORARY USE PERMIT

1333 Tallmadge Road Kent, Ohio 44240

Telephone 330-678-0739 Email: mhlad@brimfielddohio.gov

NOTE: Attach permits from Portage County Health Department, Portage County Auditors Office, or Other County Officials, as necessary.

Date: _____ **Fee for this request: \$ 200.00 (Valid for 90 days per year)**

Applicant's Name: _____ **Phone:** _____

Applicant Address: _____ **Email:** _____

City/State/Zip: _____

Owner Name : _____ **Phone:** _____

Address Where Activity is Held: _____

Dates & Times of Activity: _____

Parcel Number: _____ **Zoning District:** _____

- A. Two (2) site plans shall be provided to the Zoning Inspector no later than two (2) weeks in advance of activities containing the following: (copy of sketch below is acceptable):
1. Location and use of existing buildings
 2. Intended ingress and egress of traffic; width of driveways and aisles and the location of any barriers
 3. Dimensions, location and width between any and all temporary buildings, signs, structures or tents on the premises
 4. First aid facility
 5. Litter containers
 6. Location of all vendors
 7. Location of the office
 8. Location and identification of permanent and temporary parking facilities
 9. Location of restroom facilities
 10. Signs must be in compliance with Section 700.12 Temporary/Special Event Signs

Please provide site sketch

REAR SETBACK

FRONT SETBACK

SIDE SETBACKSIDE 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.

Signature of Applicant

Date: _____

Signature of Property Owner

Date: _____

Office Use Only

Fee Paid: _____

Permit Number: _____

Check Number: _____

Receipt Number: _____

Circle One:

Approved / Denied _____
Brimfield Fire Chief Signature

Date: _____

Reason for Denial (if applicable): _____

Approved / Denied _____
Brimfield Police Chief Signature

Date: _____

Reason for Denial (if applicable): _____

Approved / Denied _____
Brimfield Zoning Inspector Signature

Date: _____

Reason for Denial (if applicable): _____