

Village of Russells Point
Code Enforcement

Commercial Zoning Permit Application

Fee _____ Receipt# _____ Control# _____

Date Received _____ Date Issued _____ Date Denied _____

Job Site Address _____

Owner or Applicant Name _____

Business Name _____

Parcel # _____

Lot # _____ Zoning District _____

Project Cost _____ Project Description _____

Please Read All of the Application
The Following Are Required

For building and/or accessory structures and uses of 400 square feet or less including but not limited to: fences, walls, decks, signs, storage buildings, the fee is \$100

For buildings, accessory structures and uses more than 400 square feet, the fee is \$100.00 plus \$0.25 per square foot of enclosed ground coverage.

Re-inspections for non-compliance require an additional fee of \$50.00 per inspection.

1. A site plan drawn to scale, showing the exact dimensions, total square footage, and shape of the lot to be built upon or used, the exact dimensions and location of all existing buildings and structures on the lot (decks, sheds, signs, satellite dishes, etc.) if any; the exact locations and dimensions of all proposed building(s), structure(s) and/or alteration or addition to existing structures, the location of all street entrances, drive ways, off street and handy-caped parking spaces, loading areas, the size and location of fences, landscaping, lighting, refuse area and access to it, easements, utility lines overhead and underground, and drainage existing and proposed.
2. A complete set of State approved plans, copies of all other required County, State and Federal permits and a copy of any approved plan changes thereafter.
3. All survey pins are to be shown on the site plan and shall be physically located on the property and marked prior to submitting this application. Pin location must be maintained during all phases of construction.

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4. A completed application with signatures of the property owner and/or applicant, general/prime contractor, architect and/or engineer.
5. A copy of the deed showing the County Recorder's stamp or a signed and notarized sales agreement between the owner and applicant. If the applicant is leasing a copy of the lease agreement between the owner and the applicant.
6. By law, everyone MUST contact the Ohio Utilities Protection Service, 8-1-1 or 1-800-362-2764, at least 48 hours but no more than 10 working days (excluding weekends and legal holidays) before beginning ANY digging project.

OUPS (Ohio Utilities Protection Service) 1-800-362-2764
Confirmation # _____

Additional Requirements for All Signage

1. The design and layout of each sign proposed, including the area, height, character, materials, colors and type of lettering or other symbols to be used.
2. For wall signs an elevation drawing showing each face of the building with the proposed sign in place. Also included, shall be the width of the building or building unit face or faces.
3. If the sign is freestanding you must provide a complete set of plans and a site plan drawn to scale, showing the exact dimensions and shape of the lot to be built on. The location of the sign to all property lines and all other structures, streets, intersections, driveways, parking, loading areas, easements, utility lines and refuse areas. Separate plans are not required if information is provide on the master plan.
4. The proposed sign illumination shall be described.

Required Inspections:

The applicant must notify the Code Enforcement Officer at least **two (2) working days** prior to any requested inspection.

The Code Enforcement Officer must inspect the property to verify location of all property pins and location of all new structures, driveways and parking prior to issuing the permit.

Some projects will require a rough inspection at no additional fee.

A final inspection to insure all code requirements have been met prior to issuing a Zoning Certificate. **No structure or property shall be used or occupied without a Zoning Certificate being issued.**

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Owner's name _____

Address and P.O. Box
City, State & Zip _____

Phone # _____

Cell # _____

Fax# _____

E-Mail Address _____

Applicants Name
If different than owner _____

Address and P.O. Box
City, State, & Zip _____

Phone # _____

Cell # _____

Fax _____

E-mail address _____

Architect's or
Engineer's name _____

Business name &
License number _____

Address and P.O. Box
City, State, & Zip _____

Phone # _____

Cell # _____

Fax # _____

E-Mail Address _____

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The Code Enforcement Officer may require more information if deemed necessary.

Any damage to village streets, alleys or state highways shall be repaired and all mud, dirt, gravel and foreign material removed.

No action shall be taken on the application until the above information is supplied and all applicable fees; charges and required expenses are paid. The application shall become void if all required information is not provided within thirty (30) days of filing and a new permit will be required at full fee. Submission of this application does not guarantee the issuance of a permit.

The zoning permit shall be revoked for non-compliance of any section of the codified ordinance of the Village of Russells Point, county, state or federal codes or falsification of any information required on this application.

It shall be unlawful to use or occupy or permit the use or occupancy of any structure, premises or both without a zoning certificate. The zoning certificate shall only be issued after the final inspection is complete and all code requirements are met.

The Code Enforcement Officer will notify the owner or applicant in writing, either directly or by mail as to the status of the application.

All appeals of the Code Enforcement Officers decision shall be filed with the Code Enforcement Officer within thirty (30) days of such decision. A two hundred (\$200.00) dollar fee will apply.

All contractors, subcontractors, installers, tradesman, excavators, landscapers, and/or business that work or perform services for compensation inside the Village of Russells Point shall file and pay a one percent (1%) municipal income tax on all money earned and salaries paid (see attached tax form) plus all of the above shall be registered with the village showing proof of liability insurance and worker's compensation insurance for employees, if any.

One of the following, the owner, applicant, architect, engineer or prime contractor shall be responsible for supplying a list and the registration of all contractors, subcontractors, installers, tradesman, excavators, landscapers, and/or businesses involved with this project. Please indicate the responsible person on the line below.

Penalties for violation: Violation of the provisions of this zoning ordinance or failure to comply with any of its requirements, including violations of conditions and safeguards established in various sections of this ordinance shall constitute a misdemeanor. Any person who violates this zoning ordinance or fails to comply with any of its requirements shall upon conviction, therefore, be fined not more than one hundred dollars (\$100.00) and in addition, shall pay all costs and expenses involved in the case. Each day such violation continues after receipt of violation notice and correction date shall be considered a separate offense. The owner or tenant of any building, structure, premises or part thereof, and any architect, engineer, builder, contractor, subcontractor, agent or other person, who commits, participates in, assists in, or maintains such violation shall be found guilty of a separate offense and suffer the penalties herein provided. Nothing herein contained shall prevent the Village of Russells Point from taking such other lawful action as is necessary to prevent or remedy any violation.

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I/we have read, fully understand and attest to the exactness and truth of all information supplied with or on this application.

Person responsible for registrations.

Owners

Signature _____ Date _____

Applicants

Signature _____ Date _____

Architects or Engineer's

Signature _____ Date _____

General / Prime Contractors

Signature _____ Date _____

Allow up to thirty (30) days for processing

Code Enforcement Officers Commercial Zoning Permit Application Checklist

- | | |
|--|------------|
| 1. The site plan | Y / N |
| 2. A copy of the state approved building plans | Y / N |
| 3. A completed application with all required information | Y / N |
| 4. A copy of the deed, sales agreement or lease | Y / N |
| 5. All required fees and expenses paid | Y / N |
| 6. OUPS contacted | Y / N |
| 7. All additional signage information provide | Y / N / Na |
| 8. A copy of any other required permits | Y / N / Na |
| 9. All required registrations and tax forms | Y / N / Na |

Code Enforcement Officers Signature

_____ Date _____

WITHHOLDING AND BUSINESS MUNICIPAL INCOME TAX REGISTRATION

Central Collection Agency

205 W. Saint Clair Ave., Cleveland, Ohio 44113-1503
Phone: 800-223-6317 • Fax: 216-420-8316
www.ccatax.ci.cleveland.oh.us

BUSINESS INCOME: Any contractor, sub-contractor, installer, landscaper, tradesman, excavator, service provider or business that works or performs services for compensation inside the incorporated Village of Russells Point shall file and pay a one percent (1%) municipal income tax on income earned in the Village of Russells Point. Income should be estimated each year and paid quarterly to avoid penalties and interest.

EMPLOYEE WITHHOLDING: Any person or business that pays an employee a salary for labor for services performed in the Village of Russells Point for (20) days or more in any one (1) calendar year shall withhold, file and pay one percent (1%) municipal income tax on all salaries.

REQUIREMENTS: All businesses are required to complete the registration form below. The Village of Russells Point reserves the right to deny any and all contractor registrations or required permits for failure to complete this form. Registrations and permits may also be denied for failure to file and remit tax due.

FILING AND PAYMENTS: The Village of Russells Point has contracted the Central Collection Agency (CCA) to administer the collection of all income tax. All tax forms and payments should be addressed to and made payable to CCA. It is your responsibility to notify CCA of any changes in your status.

Name or Corporate Name: _____

Business or Trade Name: _____

Federal Tax I.D. Number: _____

Business Address: _____

Mailing Address: _____

Phone Number: _____

Business Type:

Sole Proprietor (see note below)

Corporation

Partnership

Limited Liability Company

S-Corporation

Estate or Trust

Governmental

Non-Profit Corporation

Financial Organization

Union

Other _____

(NOTE: If you are a Sole Proprietor you must also complete the Individual Registration Form)

Type of Work Performed (Mfg., Construction, Commercial, etc.): _____

Fiscal Period End Month: _____

Will you be withholding employment taxes for the Village of Russells Point? Yes No

If yes, do you estimate the withholding to be more than \$100 per month? Yes No

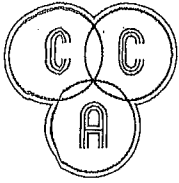
If any employees are residents of the Village of Russells Point, will you be withholding residence taxes? Yes No

Name of person responsible for filing forms:

Name _____ Title _____

Phone Number: _____ Date _____

Signature: _____



INDIVIDUAL REGISTRATION CCA – MUNICIPAL INCOME TAX

205 W Saint Clair Ave
Cleveland OH 44113-1503

Phone: 216-664-2070, 1-800-223-6317
www.ccatax.cl.cleveland.oh.us

Move in Date: _____ Phone No _____
 Primary Social Security No. _____ Spouse Social Security No. _____
 Primary Name _____ Spouse Name _____
 Street Address _____ Apt. No _____
 City _____ State _____ Zip Code _____
 Prior Address _____ City _____ State _____ Zip Code _____
 Lived at prior address: From _____ To _____
 Mailing Address _____ City _____ State _____ Zip Code _____

LIST ALL OTHER RESIDENTS IN HOUSEHOLD (AGE 18 OR OVER)

NAME	AGE	SOCIAL SECURITY NO	CITY WHERE EMPLOYED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT (GIVE NAME AND ADDRESS OF EMPLOYER(S))

INDICATE WHETHER FOR YOURSELF OR SPOUSE FOR THE LAST TWO (2) YEARS. SHOW LAST JOB FIRST
COMPANY NAME ADDRESS/CITY

1. _____ SELF _____ SPOUSE _____
2. _____ SELF _____ SPOUSE _____
3. _____ SELF _____ SPOUSE _____
4. _____ SELF _____ SPOUSE _____

CHECK OTHER SOURCES OF INCOME:

RENT SOC.SEC. PENSION SELF-EMPLOYED OTHER _____

TRADE NAME AND ADDRESS IF SELF-EMPLOYED _____

*If registration is for employers or business,
you must also complete the Business Registration form.*

SIGNATURE _____ DATE _____

The above signed declares that this statement is true and correct.