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## **ACCESSORY BUILDING/STRUCTURE PERMIT APPLICATION**

(SHT Accessory Structure Resolution 3.5)

**PERMIT MUST BE OBTAINED PRIOR TO CONSTRUCTION. FAILURE TO OBTAIN PERMIT PRIOR TO CONSTRUCTION WILL RESULT IN A MONETARY PENALTY FEE**

<b>PROPERTY INFORMATION</b>	
<b>Site Address:</b>	<b>Parcel No.:</b>
<b>Owner(s):</b>	
<b>Owner Address:</b>	
<b>Owner Telephone No.:</b>	
<b>Owner Email Address:</b>	
<b>Primary Homeowners Association (HOA):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (attach HOA approval if applicable) <b>If yes, Name of HOA:</b>	
<b>Sub HOA:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (attach HOA approval if applicable) <b>If yes, Name of HOA:</b>	
<input type="checkbox"/> <b>Sewer</b> <input type="checkbox"/> <b>Septic</b> (If septic, attach Summit County Public Health Department approval)	
<b>Corner Lot:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>**Note: Corner lots are required to meet the front setback on both streets**</b>	

<b>CONTRACTOR/BUILDER INFORMATION</b>	
<b>Contact Name:</b>	
<b>Company Name:</b>	
<b>Address:</b>	
<b>Telephone No.:</b>	<b>Email Address:</b>

<b>PROPOSED SITE INFORMATION</b>			
<b>SETBACKS FROM PROPERTY LINES (ft.):</b>			
	<b>Front:</b> (from centerline of road)	<b>Left Side:</b>	<b>Right Side:</b>
Total lot size (acres):	Height of primary building (ft.):	Height of accessory building/structure (ft.):	
Total area of <b>existing</b> accessory building/structure (sq. ft.):		Total area of proposed accessory building/structure (sq. ft.):	
No. of stories of proposed building/structure:		Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dimensions of proposed building/structure:		Setback from principal building (ft.):	
Will this structure be used to house domesticated animals: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Required Site Plan Data and Architectural/Construction Drawings**

The following items must be submitted with the application in order to be reviewed. The application will be reviewed and the applicant will be contacted when the plans are approved. The Ohio Revised Code sets forth a maximum of thirty (30) days for review of all applications. No applications will be reviewed at the time of submittal.

**The review process begins once a “completed” application and payment are received**

**Incomplete applications will delay the review process**

**\*\*MINIMUM SEVEN (7) DAY PROCESSING OF ALL APPLICATIONS\*\***

1. One (1) copy of the site drawing (legible 11” x 17” maximum). The site drawing must show the following:
  - a. A North arrow and scale
  - b. Existing structures and dimensions
  - c. Driveway and road access locations (existing and/or proposed)
  - d. Proposed structure(s) and dimensions
  - e. All setbacks to property lines and lot dimensions
2. One (1) copy of the building/construction plans showing major details including height data. A legible 11” x 17” copy. If the accessory structure is over 200 sq. ft. a permit is required from Summit County Building Department (330-630-7280)
3. Homeowners Association (HOA) **and** sub-HOA approval letters (if applicable).

**Applicant Certification**

By signing below, the owner has read, understands, and agrees to the following:

- Right of Revocation – It is understood and agreed by this applicant that any error, misstatement, misrepresentation of any fact, with or without intent, such as might and/or would cause a refusal of this application, or any alteration in the accompanying plans made subsequent to the issuance of a Zoning Certificate without approval of the Zoning Inspector or Zoning Board of Appeals, shall constitute sufficient grounds for the revocation of such certificate.
- The owner agrees to allow the Zoning Inspector access to the property for on-site inspection(s) from application submittal through final approval.
- The applicant agrees to abide by the Ohio Revised Code Sections §5589.08, §5589.10 and §5589.22 in that no dirt or mud is permitted on the road right-of-way during construction and that any repair costs for damage to the roadway or parts thereof will be paid by the applicant.
- There may be deed restrictions on the property that differ from the Sagamore Hills Township Zoning Resolution. The owner is solely responsible in ensuring compliance with any deed restriction, covenants or HOA restrictions.
- The zoning permit shall become void at the expiration of one (1) year after date of issue.
- We encourage calling 811 or 1-800-362-2764 prior to construction to identify underground utilities

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FEE - (check made payable to Sagamore Hills Township)**  
**See Section 18 Fee Schedule**

<b><u>FOR OFFICE USE ONLY</u></b>	
Zoning District: (check one)	<input type="checkbox"/> R-Residential <input type="checkbox"/> R-Residential Cluster <input type="checkbox"/> PUD (Greenwood) <input type="checkbox"/> PUD (Eaton Estates) <input type="checkbox"/> C-Commercial <input type="checkbox"/> I-Industrial
Zoning Certificate Permit No.:	_____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied*
Zoning Inspector Signature:	_____ Date: _____
*Reason for Denial:	_____
Resident to appeal to BZA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SAGAMORE HILLS TOWNSHIP**  
**Accessory Building/Structure Permit Application**  
**Site Plan**

(or provide a separate site plan drawing including the required information below)

**Instructions:**

Use the area below to show the following:

- (a) Property lines
- (b) Existing accessory structure
- (c) Existing home
- (d) Proposed accessory structure
- (e) Front or rear setback to the accessory structure
- (f) Left side setback to the accessory structure
- (g) Right side setback to the accessory structure

Land Owner Name: \_\_\_\_\_

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

