

**THE CITY OF NORTON ZONING DEPARTMENT  
ZONING APPLICATION**

Phone 330-825-7815 Fax 330-825-3104

Address of Project: \_\_\_\_\_ Acreage: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Project Cost Estimate \$ \_\_\_\_\_

Project Description: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Permanent Parcel #: \_\_\_\_\_ Stormwater #: \_\_\_\_\_

Water Systems:  Private  Public  MEC<sup>v</sup>  Driveway/Culvert  House #  Septic  Sanitary

Owner's Name: \_\_\_\_\_

Owner's Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Phone No.: \_\_\_\_\_ Cell \_\_\_\_\_

Contractor Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell \_\_\_\_\_

Fax # \_\_\_\_\_

**Please initial the following:**

Is Electrical work to be done? \_\_\_\_\_

Is HVAC work to be done? \_\_\_\_\_

Is Plumbing work to be done \_\_\_\_\_

**All contractors must be registered with the City of Norton.**

*"I have completed this application to the best of my ability.*

Applicant Signature: \_\_\_\_\_

(Print) Name: \_\_\_\_\_ Date: \_\_\_\_\_

## THE CITY OF NORTON ZONING DEPARTMENT ZONING APPLICATION

USE:     RESIDENTIAL                       COMMERCIAL

DESCRIPTION OF USE: \_\_\_\_\_

Structure Size    Width \_\_\_\_\_                      Depth \_\_\_\_\_                      Height \_\_\_\_\_

**SITUATION PLAN**

Locate Structure with measurements from Property Lines:

**REAR YARD**

**S  
T  
R  
E  
E  
T**  
**S  
I  
D  
E  
Y  
A  
R  
D**

**S  
I  
D  
E  
Y  
A  
R  
D**

**STREET**

(Measure from Center of Road to front of Structure)