

OFFICE USE ONLY		<input type="checkbox"/> PAID
Date Received:	Permit #:	
Staff Initials:	Zoning:	

OPEN PORCH/DECK APPLICATION

PROPERTY INFORMATION	
Street Address or Parcel Number:	
Check one:	<input type="checkbox"/> Wheelchair Ramp
<input type="checkbox"/> Open Porch	<input type="checkbox"/> Other:
<input type="checkbox"/> Deck	
What is the total value of this project?	
Was there a variance obtained for this project? <input type="checkbox"/> Yes Case #: _____ <input type="checkbox"/> No	

APPLICANT INFORMATION	
Applicant's Name <i>(May be property owner, contractor, architect, etc.):</i>	
Applicant's Address:	
Phone(s):	Email:
Property Owner's Name <i>(If different from applicant):</i>	
Property Owner's Address:	
Phone(s):	Email:

OPEN PORCH/DECK INFORMATION	
Corner Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Front Setback: _____ <i>(Minimum of 40 ft. Excluding wheelchair ramps)</i>	
Rear Setback: _____ <i>(Minimum rear setback for a deck is 25 ft.)</i>	
Side Setback: _____ <i>(Must meet side yard setback requirements of the dwelling)</i>	
Note: Property line is not the curb line.	
Height _____ <i>(Total height from top of the structure to ground. Cannot exceed 6ft.)</i>	
Length:	
Width:	
Fees: <input type="checkbox"/> Deck: _____ x \$.15= \$ _____ Total Sq. Ft. <input type="checkbox"/> Open Porch: _____ x \$.25= \$ _____ Total Sq. Ft.	<input type="checkbox"/> Wheelchair Ramp \$25.00
Requires an site plan of the property showing where the structure will be placed.	

Application continues on reverse side of page: →

The undersigned hereby certifies that the information in and with this application is true and accurate, and consents to agents of the township entering the premises for inspection and verification of information submitted, as applicable; and if a permit is issued, to verify conformance to requirements and conditions of issuance.

 **Signature of Applicant:** _____

Date: _____

REQUIRED FOR RENTAL PROPERTIES

Property Owner / Landlord Approval

I HAVE REVIEWED AND APPROVED THE INSTALLATION OF THE PERMANENT STRUCTURE DESCRIBED HEREIN.

Signature of Property Owner: _____

Date: _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

FORMS OF PAYMENT ACCEPTED:

- Exact cash
- Check *(Make payable to Boardman Township)*
- Credit *(Visa, MasterCard, or Discover)*

(Note: If you pay via credit or debit card, your statement will include a separate 2.95% or \$2.50 minimum service fee with this transaction. This fee is assessed by the credit card processor, not the Township)

PLEASE MAIL COMPLETED APPLICATIONS TO:

Boardman Township Zoning Department
8299 Market Street
Boardman, Ohio 44512

OR EMAIL:

Julie Pitzer at Jpitzer@Boardmantwp.com

REVISED: 3/18/2019