

OFFICE USE ONLY		<input type="checkbox"/> PAID
Date Received:	Permit #:	
Staff Initials:	Penalty Fee: <input type="checkbox"/> YES <input type="checkbox"/> NO	

# OPEN PORCH/DECK APPLICATION

PROPERTY INFORMATION	
Street Address or Parcel Number:	
Check one:	<input type="checkbox"/> Wheelchair Ramp <input type="checkbox"/> Other:
<input type="checkbox"/> Open Porch <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= \$ _____ <small>Total Sq. Ft.</small>  <input type="checkbox"/> Open Porch: _____ x \$.25= \$ _____ <small>Total Sq. Ft.</small>	<input type="checkbox"/> Wheelchair Ramp \$25.00
<b>Fees will be rounded up to the next dollar.</b>	
<b>Requires a site plan of the property showing where the structure will be placed.</b>	

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](mailto:Jpitzer@Boardmantwp.com)