

ZONING ENFORCEMENT REQUEST

Rootstown Township
4152 Tallmadge Road
Rootstown, OH 44272
Zoning Office 330-325-9341
rootstownzoning@sbcglobal.net

YOUR INFORMATION

Name _____ Daytime Phone _____

Address _____

Email _____

PROPERTY YOU ARE REQUESTING FOR INSPECTION

Street Address _____

Other location information _____

INFORMATION ABOUT THE OWNER (IF KNOWN)

Property Owner _____ Daytime Phone _____

Property Owner Address _____

DETAILS

Please describe the condition or use of a property or structure which may not be in compliance with the Township Zoning Resolution:

CERTIFICATION

By signing this form, the undersigned hereby confirm(s) that the information presented above was witnessed by him/her/them and the details are true, accurate and complete, and grants permission for the Zoning Inspector to inspect from their property.

Signature _____ Date _____

Signature _____ Date _____

ZONING OFFICE USE

Date received _____

Nature of request: __ Use of property __ Structure

Section(s) of Zoning Resolution which applies: _____

Date of applicable section(s): _____

Zoning District: _____

Review of zoning file: Date _____

Findings of zoning file which pertain to this request: _____

Referred to other office/department, if applicable: _____

Dates of inspections conducted on property: _____

Inspection details: _____

Date of courtesy notice sent to property owner: _____

Response received on: _____ by phone / email / in-person

Details: _____

Date of first violation sent to property owner: _____

Response received on: _____ by phone / email / in-person

Details: _____

Date of second violation sent to property owner: _____

Response received on: _____ by phone / email / in-person

Details: _____

Violation forwarded to Trustees (if applicable) on: _____ Resolution # _____

Violation forwarded to Prosecutor's Office (if applicable) on: _____

Property deemed to be in compliance on: _____

Other action taken: _____

Zoning Administrative Officer

Date