



Certificate of Appropriateness for Design Review

Codified Ordinance Chapter 1187

Application Number: _____ Date app. submitted: _____

Fee: \$ 300.00

Paid: check number: _____ Cash: _____

Business Name: _____

Principal Business Activity: _____

Business Address: _____

Business Owners Name: _____ Phone: _____

Applicant's name: _____ Phone: _____

1. Property address: _____ Johnstown, Ohio

2. Existing Use of Property: _____

3. Square footage of proposed building: _____

4. Zoning District: _____ Number of Off-Street Parking proposed: _____

Date of Planning and Zoning Commission Meeting: _____

Date approved or denied by Planning Commission: _____

Chairperson Planning Commission: Print: _____

Signature: _____

In addition, the following items must accompany this application:

Eight full sets of to scale plans and dimensioned drawings showing the property, with all elevations and the location of existing and proposed buildings and alterations are required. Attach any requested, supplemental or necessary documentation.

I certify the information contained in this application and attachments is true and accurate.

Applicant's signature: _____ Date: ____/____/____

Denials:

Date: _____ denied by the Planning Commission for the following reasons.
