

# NEWTON TOWNSHIP ZONING GUIDELINES FOR ZONING PERMIT APPLICATIONS

1. Apply well before you want to build or construct as this process may take time.
2. An **application** must be completed, dated, and signed by the property owner or his/her Agent. The Zoning Inspector will be available to assist you if needed.
3. A separate lot plan drawing is **required**. An example is on the reverse side of the application. Zoning deals with where structures are placed within your property boundary lines. These dimensions must be clearly marked on the drawing. Please sign or initial your drawing.
4. The building site and property boundaries or survey markers must be **identified** and **marked** for inspection by the Zoning Inspector.
5. All zoning requirements must be met. A copy of the Newton Township Zoning Resolution is available at the Newton Falls Public Library and also at the Zoning Office.
6. Please show a set of building plans if possible. They will be returned to you.
7. A copy of the Trumbull County Health Board sanitation permit must be provided for new home construction.
8. House numbers will not be assigned until a zoning permit is issued.
9. Construction must begin within six (6) months, be completed within one (1) year, and shall be occupied within two (2) years of application.
10. Zoning permit fees shall be paid only by check or money order made payable to **NEWTON TOWNSHIP**. Cash will not be accepted.
11. A building permit for your structure may also be required from the Trumbull County Building Department. (330-675-2467)

Please direct all questions to the Newton Township Zoning Inspector:

Timothy Irons

PO BOX 298, 4410 Newton Falls Bailey Rd.

Newton Falls, OH 44444

330-872-7411 Office

330-872-0016 Fax

# NEWTON TOWNSHIP ZONING PERMIT APPLICATION

TYPE OF STRUCTURE \_\_\_\_\_

DIMENSIONS-Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

MAIN MATERIAL TYPE \_\_\_\_\_

NUMBER OF STORIES \_\_\_\_\_ NUMBER OF ROOMS \_\_\_\_\_

NUMBER OF BATHROOMS \_\_\_\_\_

SEPTIC PERMIT NUMBER \_\_\_\_\_

ESTIMATED COST/VALUE \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_

PARCEL ID NUMBER \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_

PROPOSED DATE OF CONSTRUCTION \_\_\_\_\_

OWNER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

The property Owner or Owner's Agent agrees that the information provided in this application is true, factual, and correct. The Owner also agrees to the following conditions:

1. A lot plan drawing be provided with this application (Example on reverse side.)
2. A copy of the Sanitation Permit or letter of approval of such from the Trumbull County Health Board be provided if applicable.
3. Property boundary lines must be located and clearly marked.
4. Payment by check or money order **ONLY** made payable to **NEWTON TOWNSHIP**.
5. Access to property during normal business hours for inspection by the Newton Township Zoning Inspector.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

(Owner or Owner's Agent)

PERMIT NUMBER \_\_\_\_\_

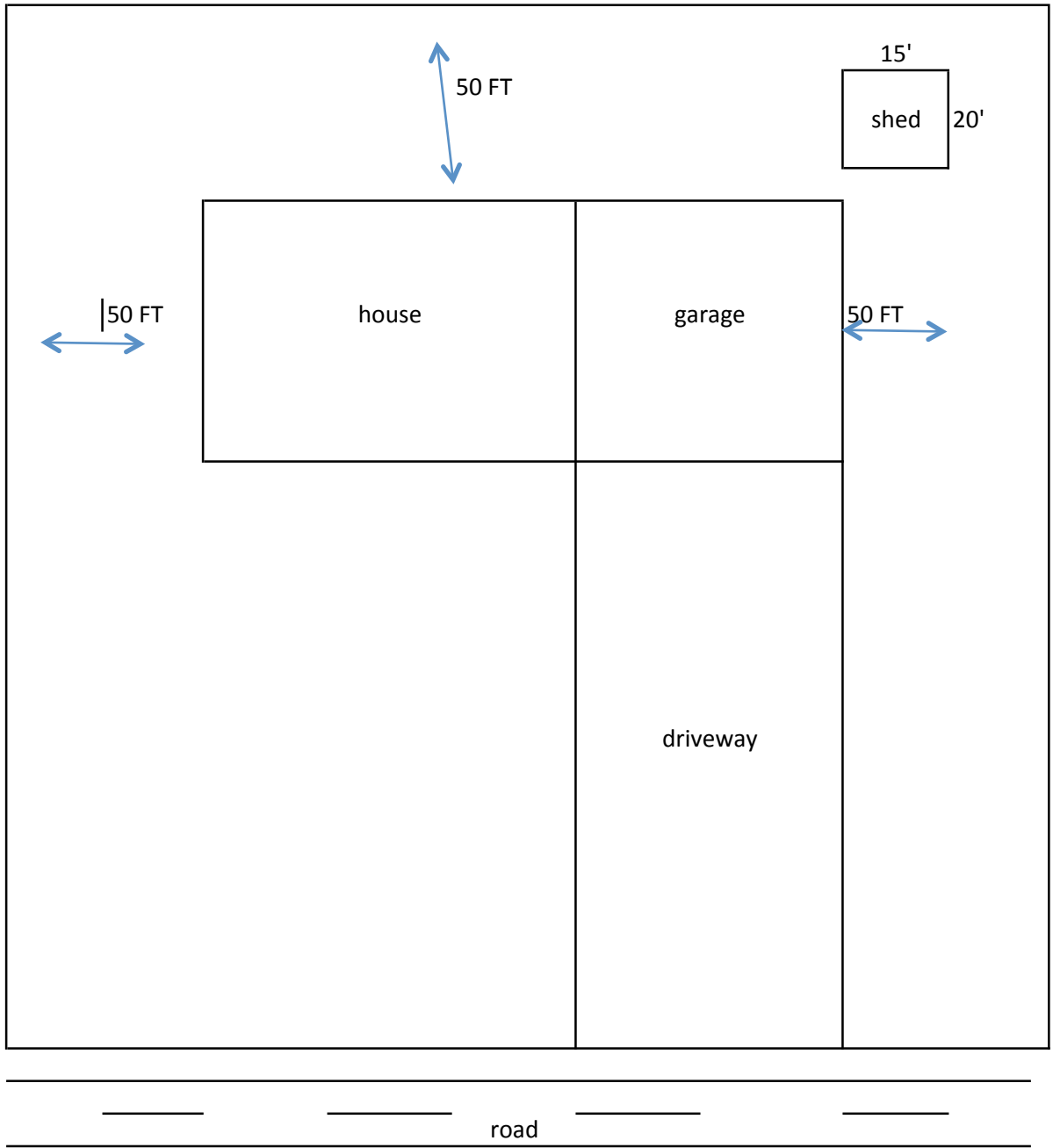
Zoning Inspector

Timothy Irons-Zoning Inspector  
P.O. BOX 298, 4410 Newton Falls Bailey Road  
Newton Falls, Ohio 44444  
330-872-7411 Office  
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NEWTON TOWNSHIP ZONING  
EXAMPLE OF LOT PLAN DRAWING  
DRAWING DOES NOT NEED TO BE TO SCALE

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_



\_\_\_\_\_  
Signature