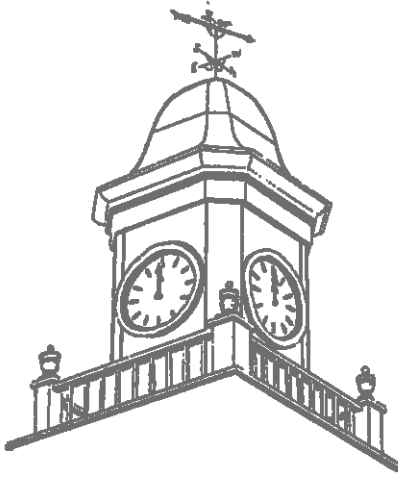


Welcome
to the
Village of Hartville



The Village of Hartville

202 WEST MAPLE
PO BOX 760
HARTVILLE, OHIO 44632-0760
(330) 877-9222

WELCOME TO THE VILLAGE OF HARTVILLE!

We would like to welcome you as a new business owner to the Village of Hartville. We Always welcome new residents and businesses to our Village and would like to assist you in any way we can. We hope you enjoy Hartville and we are glad you are here.

In this packet, you will find some important information and the necessary permits needed before you open to the public.

Please file the permits and necessary paperwork at the Village Hall, located at 202 W. Maple Street, Hartville, Ohio 44632. Call us at 330-877-9222 if you have any questions. Keep in mind that the Village Hall hours are Monday through Friday 8 a.m. to 5 p.m. with the exception of Thursdays 8 a.m. to noon.

You can also find all of our zoning, sign and other forms under "Forms and Permits" on the Village website www.hartvilleoh.com.

We wish you all the best!!

FEE SCHEDULE FOR NEW BUSINESSES

A Zoning Permit needs to be issued for a new business. The fee is as follows:

Zoning Permit -	\$ 75.00
Relocation within the Village -	\$ 25.00

Sign Permit fee – if applicable (Please note that each sign will require a permit)

50 sq. ft. or less	\$ 50.00
50 to 99 sq ft.	\$ 85.00
100 sq. ft. or over	\$150.00
Off-premise sign	\$200.00
Home occupation sign	\$ 25.00
Subdivision sign (perm)	\$ 40.00
Sandwich/menu boards	\$ 25.00

Two (2) drawings of the sign are needed upon submittal. One (1) showing the positioning on the property, and one (1) showing the sign dimensions and indicating if it is on a building, pole, and/or if it is temporary or ground.

VILLAGE OF HARTVILLE, OHIO
ZONING DEPARTMENT
APPLICATION FOR
ZONING PERMIT

Zoning Permit No. _____

Date Issued _____

SANITARY DISCHARGE APPROVAL
BY BOARD OF PUBLIC AFFAIRS

Date: _____

A scale plan must be submitted with this application showing the size and location of the Lot, the dimensions and location of the proposed building or structure on the lot and the dimensions and location of existing buildings or structures on the lot.

Name of Applicant _____ Phone _____

Address _____

Owner of Premises _____ Address _____

Application is hereby made to: (Description of Work) _____

To be used for (Indicate purpose, number of units or offices, etc.) _____

On premises located at _____

DESCRIPTION

(1) Size of lot: _____ feet wide _____ feet deep

(2) Size of building or structure: Floor area _____
Maximum: Width _____ ft. Depth _____ ft.
Height: Stories: _____; feet _____

(3) Location on Property:

Proposed Yards

FRONT _____ ft. from Property Line to Building or Structure.
SIDE _____ ft. from Property Line to Building or Structure.
SIDE _____ ft. from Property Line to Building or Structure.
REAR _____ ft. from Property Line to Building or Structure.

(4) Character of Construction _____
(Brick, Frame)

(5) Estimated Cost of Work \$ _____

(6) Present use of Land, Existing Buildings or Structures on Lot: _____

Signature of Applicant

Please note any additional information on separate sheet and attach to this form.

CERTIFICATION OF ZONING INSPECTOR'S EXAMINATION

I have examined the foregoing application, plans and information, found them not / to conform with the zoning requirements and grant / refuse them a Zoning Permit.

By _____ Date _____

VILLAGE OF HARTVILLE, OHIO
ZONING DEPARTMENT
APPLICATION FOR
SIGN PERMIT

SIGN PERMIT NO. _____
FEE: _____

DATE: _____

APPLICANT:

Name: _____ Phone: _____

Address _____

Name of Business _____

Signature of Applicant _____

Owner of Property: _____ Address: _____

Lot or Out Lot Number _____ Zoning Classification _____

SIGN DATA:

Owner of sign _____ Phone _____

Name of Sign Company _____ Phone _____

Address _____

TYPE OF SIGN:

Freestanding _____ Wall _____ Canopy _____ Other _____ If other, name of type: _____

Projecting _____ Roof _____ Awning _____

STORE FRONTAGE: _____

DIMENSIONS:

Length _____ Width _____ Thickness _____ Total S.F. of sign area _____

Overall Height _____ Electrical _____ Non-electrical _____

Valuation of Sign _____

DRAWING OF SIGN:

Scaled drawings showing the materials, design, dimensions, structural supports, specifications, and electrical components of the proposed sign.

SITE PLAN:

A site plan showing the proposed location of the sign in relation to property lines and/or right of way lines. Also show the square footage areas of all existing signs on the same premises.

CERTIFICATION OF ZONING INSPECTOR'S EXAMINATION

I have examined the foregoing application, plans and information, found them not / to conform with the zoning requirements and grant / refuse them a sign Permit.

By _____ Date _____

HARTVILLE FIRE DEPARTMENT

**Fire Safety / Inspection / Investigation Bureau
Business Phone: 330-877-2478**

New Businesses or Change of Occupancy:

All new businesses shall have a fire inspection prior to opening for business or conducting business.

New Commercial Buildings:

All new building plans shall be sent to the Hartville Fire Department for plan review before construction begins.

Contacting the Hartville Fire Department:

Please fill out the below information and mail to the Hartville Fire Department, PO Box 458, Hartville, OH 44632 for fire inspection. Or you may contact the Hartville Fire Department weekdays between the hours of 8:00 a.m. and 5:00 p.m. at 330-877-2478.

Change of Occupancy OAC 4101:2-1-27(D) (Attached)

New Business or New Building Information:

Date: _____ Name of Business: _____

Address: _____

Business Contact Person: _____ Phone: _____

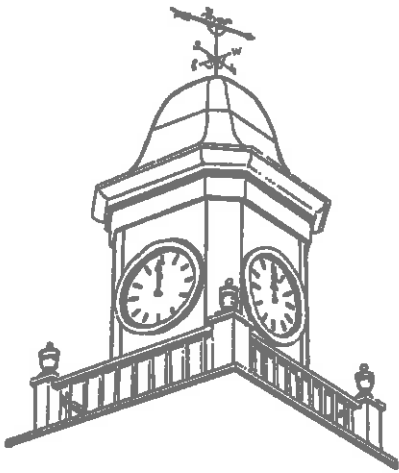
Address _____

Building Owner: _____ Phone: _____

Address: _____

Type of Business: _____

Planned Opening Date: _____



The Village of Hartville

202 WEST MAPLE
PO BOX 760
HARTVILLE, OHIO 44632-0760
(330) 877-9222

Dear Village of Hartville New Business,

- The Village of Hartville has a MANDATORY income tax filing for a business entity, whether resident or non-resident who conducts business in the Village of Hartville must file a return and pay any tax on the net profit. If you have a net loss you are still required to file a return.
- The tax rate for Hartville is 1%.
- Each employer within or doing business within the Village of Hartville shall deduct at the time of the payment of such salary, wage, commission or other compensation, the tax of one percent (1%) of the gross salaries, wages, commissions or other compensation.
- Each employer shall on or before the last day of the month following the close of each calendar quarter, make a return and pay to the Village of Hartville the amount of taxes deducted. (Quarters: Jan-Feb-Mar is due April 30; Apr-May-Jun is due July 31; Jul-Aug-Sep is due October 31; and Oct-Nov-Dec is due January 31).
- Each employer will be required to submit copies of IRS Forms 1099-MISC to Hartville Income Tax Department within 3 ½ months after the end of the tax year.
- The yearly filing deadline for the Village of Hartville return is April 15th.
- Failure to file or request and extension before the April 15th due date, will result in a \$25.00 late filing penalty.
- Tax forms can be obtained on our website www.hartvilleoh.com or at the Village Hall located at 202 W. Maple Street.

Please complete the Business Registration Form and return within 10 business days.

Village of Hartville
Income Tax Department
330-877-9222

Village of Hartville
202 W Maple St, PO Box 760
Hartville, OH 44632
Phone 330-877-9222 Fax 330-877-9778
tcooper@hartvilleoh.com

**Income Tax Department
Business Registration**

To enable the Village of Hartville Income Tax Department to establish accurate records, please answer all questions by typing or print plainly and return to the Village Hall by mail, fax or email.

Tax ID/S.S.# _____

Business Name: _____

Business Address: _____

Date Business Started in Hartville: _____ Phone #: _____

Accounting period: _____ Calendar Year _____ Fiscal Year Ending _____

Please check one: _____ Annual year-end filing forms are not necessary, use a professional tax service
_____ Send pre-printed annual year-end filing forms to:

Number of employees: _____

Please check one: _____ Pre-printed withholding forms are not necessary, use in-house software system
_____ Use third party Payroll Company - Name: _____
_____ Send pre-printed withholding forms to: _____

_____ Check here if this is a courtesy withholding account only for a Hartville resident employee:

Name: _____

Address: _____

The Village of Hartville imposes an income tax at the rate of one percent (1%) on all earned income, including net profits attributable to Hartville. All employers, contractors, sub-contractors, or others who have one or more employees are required to withhold 1% of all employees' gross wages and submit this amount to the Village of Hartville.

The information hereby submitted is true and correct

Signed _____

Date _____

**STARK COUNTY BUILDING DEPARTMENT
1727 MOHONING ROAD N.E.
CANTON, OH 44705
330-451-1770**

Change of Occupancy Policy

A. Change of Occupancy O.A.C. 4101:2-1-27(C)

1. Application Fee of \$41.20.
2. Applicant must submit three complete sets of sealed plans by a registered design professional (Architect or Engineer).
3. Plans must comply with the current OBBC with respect to the new use; architectural, structural, mechanical and electrical.
4. Upon review and approval of plans, the applicant must pay for the necessary permit fees for alteration of said building for the new use.
5. All necessary inspections must be performed before the Certificate of Occupancy will be issued.

B. Existing Building OAC 4101:2-1-27(D)

1. Application Fee of \$41.20.
2. Applicant must submit three complete sets of sealed plans by a registered design professional (Architect or Engineer).
3. Each floor layout should include means of egress, exit signs and emergency lighting and any additional information with respect to life safety.
4. In addition, the owner must submit the following:
 - a. Letter requesting a Certificate of Occupancy, the letter should include the address of building, occupant load and the number of years the building has been this use.
 - b. Supporting evidence of the building use can be obtained from the local Fire Department and from the utility company.
5. Upon review and approval of the plans the applicant will be required to pay for one or more inspections of the building, i.e., structural, mechanical or electrical. Each inspection and/or reinspection fee is \$51.50.

**VILLAGE OF HARTVILLE, OHIO
WASTEWATER DISCHARGE DISCLOSURE DECLARATION**

Please return completed form to:

Waste Water Treatment Plant
Attn: Jim Baxter
565 Wales Drive
P.O. Box 760
Hartville, OH 44632
330-877-2861

1. Company Name: _____
Mailing Address: _____
Address of Premises: _____
Person to Contact: _____
Title: _____
Telephone Number: _____

2. Application type (please check one)

_____ New Building Construction	_____ Ownership Change
_____ Building Addition	_____ Location Change

3. Standard Industrial Classification Code(s) if applicable: _____

4. Under normal operation conditions, what is the average number of employees at this facility? _____

5. Description of manufacturing, business or service activity on premises: _____

6. Are any wastes other than sewage of human origin being discharged to the sanitary sewer system, i.e., cooling, clean-up, process waste, etc?
Yes _____ No _____

A. If "yes", then describe the waste being discharged to the sanitary sewer system: _____

7. Type of raw materials used daily in process or manufacture of product: _____

8. What is your anticipated water consumption?

Total: _____

Units: _____

Period: _____

9. Describe any wastewater pretreatment equipment: _____

10. Is this industry subject to any existing Federal Pretreatment Standards (40CFR403 to 471)?

If "yes", what category? _____

11. Is a Spill Prevention Control and Countermeasure in effect for this facility?

Yes _____ No _____

12. Industry Comments: _____

The information contained in this application is familiar to me and to the best of my knowledge and belief, such information is true, complete and accurate.

Name of Signing Official

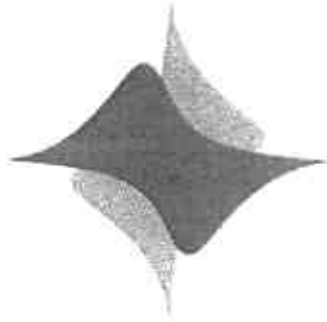
Signature

Title

Date

Member of Board of Affairs

Date



Lake Township
Chamber of Commerce

Membership Dues Rate Structure:

1-4 Employees \$160

5-10 Employees \$175

11-20 Employees \$220

21+ Employees \$250

Non-Profit 501(c)3 \$75

Retiree/Individual \$65

Direct Sales \$100

**Dues are prorated throughout the year.
Call 330.877.5500 for the current amount due if you
are joining during the year.**