

Application for Zoning Certificate

Ohio Revised Code Section 519.16

Date: _____

Application No.: _____

_____ Township, Pickaway County, Ohio

To the Board of Township Trustees:

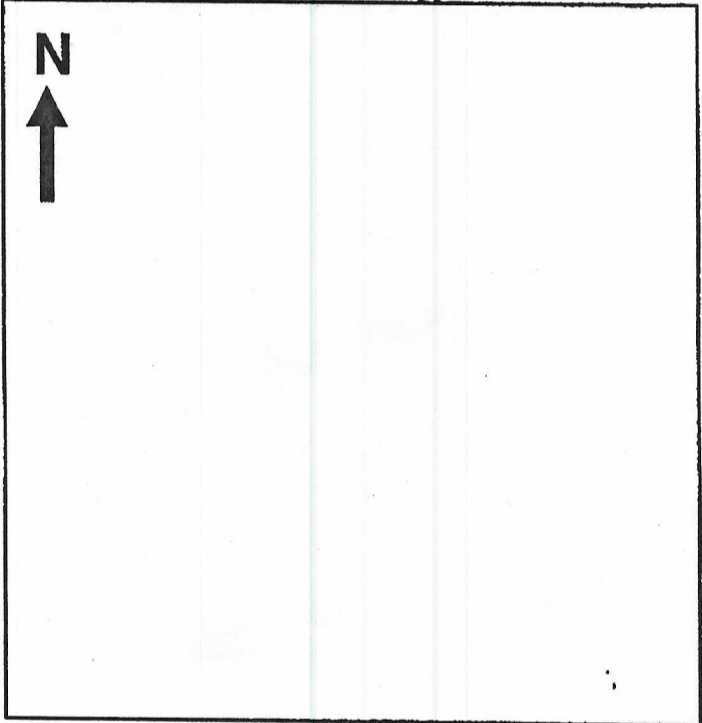
The undersigned hereby applies for a Zoning Certificate for the following use, to be used on the basis of the representations contained herein, all of which the applicant swears to be true:

1. Location of the Property: _____
2. Applicant: Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
3. Property Owner/ Occupant: Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
4. Legal Description: Deed Book: _____ Page Number: _____ (Attach Recent Survey)
5. Current Zoning District: _____ Existing Use: _____
6. Proposed Use: (Mark all applicable):
New Construction: _____ Remodeling: _____
Change of Use: _____ Accessory Building: _____
Residence: ___ No. of Families: _____ Business: _____
Manufacturing: _____ Industry: _____
Sign Board: _____ Size: _____ Swimming Pool: _____
Lake/Pond: _____
Other (please explain): _____

7. Sketch of Lot with Existing Buildings and Proposed Construction or Use for which Application is made

Fill in ALL dimensions.

- a. Main road frontage: _____ feet
- b. Set back from side of road right of way: _____ feet
- c. Side yard clearance:
_____ Side _____ feet
_____ Side _____ feet
- d. Rear yard clearance: _____ feet
- e. Depth of Lot from right of way: _____ feet
- f. Dimensions of building:
Width _____ feet
Depth _____ feet
- g. Highest point of building above Established grade: _____ feet



8. Building Data and Dimensions:
Number of Stories: _____ Basement: _____ ft x _____ ft
Garage: _____ ft x _____ ft Accessory Structure: _____ ft x _____ ft
Residential: Usable floor space designed for use as living quarters, exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories: First Floor: _____ sq ft Second Floor: _____ sq ft
Commercial: _____ ft x _____ ft Industrial: _____ ft x _____ ft
Off Street Parking Spaces: Existing _____ Total sq ft _____ / Proposed _____ Total sq ft _____
9. Is the proposed construction located in the flood plain? ___ Yes ___ No
10. Additional Remarks: _____

Applicant's Signature

Date

Witness

Date Filed with Zoning Inspector

Fee Accepted

ZONING CERTIFICATE

Based on this application and any accompanying documents, the proposed usage IS / IS NOT found to be in accordance with the _____ Township Zoning Resolution and is hereby _____ Approved _____ Denied for the following zoning district: _____, road class: _____

Signature of Zoning Inspector

Date

If certificate denied, identify the reason: _____

NOTICE: Permit expires one (1) year from date of issuance if work has not begun.