

APPLICATION FOR ZONING CERTIFICATE

Ohio Revised Code Section 519.16

DATE: _____

Application/Permit# _____
Parcel# _____

Submittal Requirements:

- Legal description of the property, to obtain call Pickaway County Auditor at 740-474-5826 Pickaway County Recorder or see <http://pickaway.iviewauditor.com>;
- Detailed drawing to scale indicating the property lines, streets, and proposed or existing structures;
- Approval letter from Pickaway County Health Department for structures with a permanent foundation;
- Authorization for Owner's Representative completed and notarized if applicant is not property owner;
- Supporting documentation as required by Zoning Inspector to support conformance and enforcement of the Zoning Resolution;
- Application filing fee payable to Circleville Township (refer to adopted fee schedule); and
- Three (3) copies of all submitted materials in addition to the original.

Applicants are required to comply with all County Building Department regulations following approved zoning certification application.

Owner/Applicant Information:

Property Owner (s): _____

Phone: _____

Email: _____

Applicant: _____

Phone: _____

Email: _____

Address: _____

Address: _____

NOTE: All property owners must sign the application; if more than two owners, attach additional information to application.

Subject Property:

Location of Property: _____

Existing Use: _____ Current Zoning District: _____

Acreage: _____ Parcel(s) ID: _____

Road Frontage: _____ Depth of lot from right-of-way: _____

Project Information, Type of Work (provide details on Page 2):

☐ New Building: _____ Residence (for _____ living units) _____ Accessory Building _____ Commercial Building

☐ Addition ☐ Pond

☐ Pool with fence (if required) ☐ Fence

☐ Other _____

Pool Information

Area of pool _____ square feet Above Ground _____ Inground _____

Structure Information

Total square footage (under room) _____

First floor _____ square feet

Height above average grade _____ feet

Building dimensions _____ feet wide by _____ feet deep

Number of stories _____

Second floor _____ square feet

Basement ☐ Yes ☐ No

Off Street Parking and Loading

Number of existing parking spaces _____
Number of proposed parking spaces _____
Number of existing loading spaces _____
Number of proposed loading spaces _____

Existing parking space dimensions _____ by _____
Proposed parking space dimensions _____ by _____
Existing loading space dimensions _____ by _____
Proposed loading space dimensions _____ by _____

Proposed Setbacks for Project inclusive of driveway

Front _____ feet from centerline of road
Right side yard clearance (N S E W) _____ feet

Rear yard clearance (N S E W) _____ feet
Left side yard clearance (N S E W) _____ feet

Project or Change in Use Details

Pickaway County Health Department

Water-County Health Department has approved: ☐ city water, or ☐ deep well. Receipt No. _____
Sanitary Waste- County Health Department has approved: ☐ Conventional leach bed
☐ City Sewer, or Other _____. Permit No. _____

The undersigned hereby applies for a zoning certificate for the following use, to be issued on the basis of the representations contained herein, all of which applicant swears to be true. The applicant further agrees to conform with all zoning regulations in place on the date of the application for the area represented. The Zoning Certificate shall expire and shall be revoked if work has not begun within one hundred eighty (180) days, and substantially completed within eighteen (18 months)

Signature of Owner/Applicant: _____ Date: _____
Owner/Applicant's Name Printed: _____

To be completed by the Circleville Township Zoning Inspector:

Date Application Received: _____ Received by: _____
Application Fee: _____ Fee Accepted by: _____
☐ Cash ☐ Check _____

Zoning Certificate is: _____ **Approved** _____ **Denied**
Zoning Inspector Signature _____ **Date** _____
If Denied, reason for denial: _____