APPLICATION FOR ZONING CERTIFICATE
Cedarville Township
Greene County, Ohio

Sec. 519. 16 ORC   Application No. _____

1. PROPERTY AND CONTACT INFORMATION

Location of Property _____ Lot No._____ Plat_____

Owner_____ Phone_____

Address _____

Acreage of Property_____ Parcel Number: _____ Zoning District _____

Name of Contractor _____ Phone _____

2. PROPOSED CONSTRUCTION

Proposed/Building Use: _____

- New Construction
- Addition / Remodel
- Accessory Building
- Fence
- Swimming Pool
- Sign

3a. NEW BUILDINGS AND ADDITIONS

Total floor space: _____ sq ft;   Total living area: _____ sq ft;   Height to peak of roof: _____ ft

No. of Stories: _____;   Basement _____;   Off-Street Parking Spots _____;   No. of Bedrooms/Units _____

Property line setbacks: FRONT _____ ft; REAR _____ ft; SIDE 1 _____ ft; SIDE 2 _____ ft

Other information required:
1. New construction must have a driveway permit.
2. New constriction must have a Septic Permit issued by the Greene County Board of Health.
3. Plot plan with dimensions and shape of lot, including existing buildings, proposed buildings, well, and septic.
4. Copy of construction drawings.
5. The building must be staked for inspection of setbacks.

3b. FENCE AND POOL – Attach construction drawings and plot plan

Fence Height _____   In-ground or Above ground pool _____

3c. SIGNS – Attach construction drawings and plot plan

Area of Proposed Sign_____   Height of Sign _____   Lot Frontage _____

The undersigned applies for a zoning permit for the listed use; said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct.

_____   _____
Applicant Signature   Date

NOTE: REJECTION OF THIS CERTIFICATE MAY BE APPEALED BY FILING AN APPLICATION WITHIN 20 DAYS OF DENIAL

This application is _____**APPROVED** _____**REJECTED** for issuance of a Zoning Certificate by the Cedarville Twp Zoning Inspector.

_____   _____
Cedarville Township Zoning Inspector   Date

Office Use Only
Date: _____   *Permit No*.: _____
Fee Paid: _____   *Check No*.: _____

Rev: 3/2021