

APPLICATION FOR ZONING CERTIFICATE

Cedarville Township
Greene County, Ohio

Sec. 519. 16 ORC

Application No. _____

1. PROPERTY AND CONTACT INFORMATION

Owner _____

Property Address _____

Phone _____ Email _____

Acreage of Property _____ Parcel Number: _____ Zoning District _____

Contractor _____ Phone _____

2. PROPOSED CONSTRUCTION

Proposed/Building Use: _____

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

Fee Paid: _____ Check No: _____