

APPLICATION FOR ZONING CERTIFICATE

Section 519.16 O.R.C. (Ohio Revised Code)

Parcel No. _ _ - _ _ - _ _ - _ _ - _ _ - _ _ - _ _ - _ _ - _ _ -

BALLVILLE TOWNSHIP, SANDUSKY COUNTY

To the Board of Township Trustees:

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 says are true: (Project must be completed within 24 months, 50% of which must be completed within 12 months, after which time permit must be renewed).

1. Location of property _____

2. Property owner _____

Address of land owner _____

3. Current Resident _____

4. Proposed use:

_____ New construction _____ Business _____ Remodeling _____ LB GB M

_____ Sign Board-Size _____ _____ Accessory building _____ Residence _____ # of families

_____ Other (explain) _____

5. Sketch of lot, showing existing buildings and proposed construction or use for which application is made. (Fill in all dimensions and indicate North)

a. Front yard width _____ feet

e. Depth of lot from edge of road right of way _____ feet

b. Setback from edge of road right of way _____ feet

f. Building Dimensions:

c. Side yard clearance:
_____ side _____ feet
_____ side _____ feet

Current: Proposed:
Width _____ feet Width _____ feet
Depth _____ feet Depth _____ feet

d. Rear yard clearance _____ feet
Rear yard width _____ feet

g. Highest point of building above the established grade:
Present _____ feet
Proposed _____ feet

6. Number of stories _____ Basement _____ 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. Off Street Parking _____ Sq. Ft.

****PLEASE PROVIDE DRAWING ON REVERSE INCLUDING DIMENSIONS OF PROPOSED STRUCTURE AND SETBACKS ****

OFFICIAL USE ONLY

Upon the basis of this application the statements in which are made a part hereof, the proposed usage is found to be in accordance with the Township Zoning Resolution and is hereby approved for the AGRICULTURE, R-1, R-2, R-3, LB, GB, C, OR M Zone (Circle One).

Fee paid \$ _____

Applicant

Zoning Inspector

Date