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: Additions/ Circle One: Circle One:
   _____ 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: Current: Proposed:
      _____ side _____ feet Width _____ feet Width _____ feet
      _____ side _____ feet Depth _____ feet Depth _____ feet
   d. Rear yard clearance _____ feet g. Highest point of building above the established grade:
      Rear yard width _____ feet Present _____ 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:

**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