

Application for Zoning Certificate

Sec. 519.16 R.C.

Scioto Township, Delaware County, State of Ohio

To the Scioto Township Board of 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:

1. Address or location of the property: _____

2. Name of landowner: _____

Current address: _____

3. Occupant (if other than landowner): _____

4. Proposed use: (check appropriate box)

New Construction

Business

Remodeling

Manufacturing

Accessory Building

Sign Board - Size

Single Family Residence

Height off ground= _____ feet

Multi-Family _____ No. of Families

Width= _____ feet

Other: (Explain in remarks area below)

Height= _____ feet

5. A sketch of the lot showing existing buildings and proposed construction or use for which this application is made must accompany this application. (Fill in all dimensions below)

a) Main road frontage: _____ feet b) Depth of lot from center of road: _____ feet

c) Distance from center of road to closest face of building: _____ feet

d) Squared dimensions of building: Width _____ feet Depth _____ feet

e) Side yard clearance: (circle direction) N S E W Side= _____ feet

N S E W Side= _____ feet

f) Rear yard clearance: _____ feet

g) Highest point of building above the established grade: _____ feet

6. Buildings:

Number of stories: _____ Basement: (Circle one) Yes/ No

Usable floor space designed for use as living quarters, exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories.

First floor: _____ square feet Second floor: _____ square feet

Off street parking: _____ square feet Businesses only - Off street parking: _____ spaces

7. Remarks:

Applicant Signature

Date

Applicants printed name, address, email, and phone number