

# 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)

- |  |   |
|--|---|
| <input type="radio"/> New Construction                       | <input type="radio"/> Business          |
| <input type="radio"/> Remodeling                             | <input type="radio"/> Manufacturing     |
| <input type="radio"/> Accessory Building                     | <input type="radio"/> Sign Board - Size |
| <input type="radio"/> Single Family Residence                | Height off ground= _____ feet           |
| <input type="radio"/> Multi-Family ___ No. of Families       | Width= _____ feet                       |
| <input type="radio"/> 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