

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="checkbox"/> New Construction | <input type="checkbox"/> Business |
| <input type="checkbox"/> Remodeling | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Sign Board – Size |
| <input type="checkbox"/> Single Family Residence | Height off ground= _____ feet |
| <input type="checkbox"/> Multi-Family ___No. of Families | Width= _____ feet |
| <input type="checkbox"/> 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, & phone number

Filed with Zoning Inspector _____, 20__