



1454 Rome Corners Road
Galena, Ohio 43021
740-965-2992
www.berkshiretp.org

For Township Use

Application # _____
Date received _____
Township Fee \$ _____
Make Check Payable to Berkshire Township
Zoning Cert. Issued Date _____ Number _____
Certificate forwarded to applicant: mail _____ in person _____

APPLICATION FOR ZONING CERTIFICATE

TYPE OF WORK: (circle one) New Home, Building, Garage, Accessory Building, Addition, Pool, Deck or Change of Use

Applicant _____ Contact person _____

Address of applicant _____

City _____ State _____ Zip _____

Contact phone _____ Email _____

Name of Property Owner _____

Address of Property Owner _____

City _____ State _____ Zip _____

Phone _____ Email _____

Location/address of property _____

Parcel number(s) _____

Current zoning _____ Current use _____ Total acres _____

ITEMS REQUIRED FOR A COMPLETE APPLICATION:

- Check to Berkshire Township for **Applicable Fee** (see Berkshire Township Zoning Fees on our website under Zoning)
- Letter of Septic Compliance (Non-sewered lots only) from the Delaware Health District.
- Attach a plot plan showing boundary lines, existing structures, driveways, proposed structures and front, rear, and side yard setbacks. Include easements, flood plain data (if applicable) and accurate structural dimensions at the ground.
- Letter of review and approval (if applicable) from your Home Owners Association.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

All proposed construction for which a zoning certificate is issued shall be started within six months of issuance of a permit. Applicant and property owner(s) certifies that all information contained herein is true and accurate and is submitted to induce the issuance of the requested zoning certificate. Applicant agrees to be bound by the provisions of the zoning resolution of Berkshire Township and understands that any deviation from such resolution will result in the maximum penalty allowable by law.

Applicant: _____ Date: _____

Property owner(s): _____ Date: _____