**VILLAGE OF SOUTH CHARLESTON**

35 SOUTH CHILLICOTHE STREET PO BOX X

SOUTH CHARLESTON, OHIO 45368

937-462-7167

**ZONING CERTIFICATE APPLICATION**

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of the proposed project: (structure to be erected, materials to be used, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Size of new construction:

Height: \_\_\_\_\_\_\_\_ Dimensions: \_\_\_\_\_\_\_\_ Sq. Footage: \_\_\_\_\_\_\_\_

Legal description of property. Please attach a legal description of the property, as recorded in the Clark County Recorder’s Office. (Clark County GIS Map acceptable)

Zoning District: \_\_\_OVI\_\_\_

Required attachments: Plans for project showing dimensions of entire property (including frontage), location of all structures (existing and proposed), distance to property lines. Plans for water or sewer, if applicable. Number and dimensions of existing and proposed off-street parking or loading spaces, if applicable. Any other material requested by the Zoning Inspector.

Zoning Fee must be paid to receive Permit. All fees are non-refundable and non-transferable.

I certify that all information provided in this application is true and correct. If the Applicant is not the Property Owner, I certify and say that the Property Owner is aware of this Application and concurs with its submission.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE**

Date of Action on Application \_\_\_\_\_\_\_\_\_\_\_\_ Application Fee: \_\_\_\_\_\_\_\_\_\_\_\_

Approved \_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_

If denied, reason for denial:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zoning Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_