

# APPLICATION FOR ZONING PERMIT

(Allow 3 Business Days to Process)

**AMHERST TOWNSHIP**  
**7530 OBERLIN ROAD**  
**ELYRIA OHIO 44035-1904**  
**ZONING INSPECTOR: (440) 988-5894**

**ZONING PERMIT NO.** \_\_\_\_\_

**ACCESSORY BUILDING**  
**DECK**  
**FENCE\*\***

**PATIO**  
**POOL**

**DETACHED GARAGE**  
**PORCH**  
**POND**

The undersigned hereby applies to Amherst Township, Lorain County, Ohio, for a Zoning Certificate for the following use to be issued on the basis of the representations herein contained, all of which the applicant swears to be true. The applicant understands this Zoning Permit shall expire and shall be revoked if work has not begun within 6 months and zoning fees are not refundable. Construction must be completed in 18 months or a new permit is required.

LANDOWNERS NAME \_\_\_\_\_

MAILING ADDRESS/CITY \_\_\_\_\_

PHONE(S) [H=HOME, C=CELL, W=WORK] \_\_\_\_\_

LOCATION OF PROPERTY \_\_\_\_\_

PERMANENT PARCEL NO. 05 - 00 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ COST OF CONSTRUCTION \$ \_\_\_\_\_

BUILDER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS/CITY \_\_\_\_\_

- EXISTING HOUSEHOLD SEWAGE TREATMENT SYSTEM: YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, *Lorain County Public Health* "PROPERTY IMPROVEMENT APPLICATION" IS REQUIRED
- DRIVEWAY PERMIT REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_

***ACCESSORY BUILDING - DETACHED GARAGE - DECK/PATIO/PORCH***

Maximum Structure Height: •16 feet on less than one (1) acre •26 feet one (1) acre or more

WIDTH = \_\_\_\_\_ FT    **x**    DEPTH = \_\_\_\_\_ FT    **→**    TOTAL = \_\_\_\_\_ SQ FT  
HEIGHT = \_\_\_\_\_ FT

SET BACK FROM ROAD RIGHT-OF-WAY = \_\_\_\_\_ FT

LEFT SIDE YARD = \_\_\_\_\_ FT

REAR YARD CLEARANCE = \_\_\_\_\_ FT

RIGHT SIDE YARD = \_\_\_\_\_ FT

**FENCE**

**POOL (Above / In Ground)**

**POND / LAKE**

HEIGHT = \_\_\_\_\_ FT

POOL DIA = \_\_\_\_\_ FT

SQ FT = \_\_\_\_\_

LINEAR FT = \_\_\_\_\_

POOL = \_\_\_\_\_ SQ FT

AMOUNT OF FEE = \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ DATE PAID \_\_\_\_\_

**SITUATION PLAN TO BE DRAWN TO SCALE IN INK**

SKETCH LOT AND BUILDING, SHOW MAIN ROAD OR STREET AND EXISTING BUILDINGS, PROPOSED CONSTRUCTION WITH ALL DIMENSIONS AND INDICATE THE DIRECTION AS TO NORTH. ATTACH LEGAL DESCRIPTION OF PROPERTY. GIVE DISTANCE FROM BUILDINGS TO LOT LINE AND ROAD RIGHT-OF-WAY.

**\*\*ALL FENCES** SHALL BE FREE OF ADVERTISING. IF THE FENCE HAS A GOOD/FINISHED SIDE, THAT GOOD/FINISHED SIDE MUST FACE AWAY FROM THE PROPERTY OF THE OWNER.

IT IS THE **RESPONSIBILITY OF THE PROPERTY OWNER** NOT TO PLACE ANY STRUCTURE WITHIN A 100-YEAR FLOOD ZONE AS IDENTIFIED BY FEMA ON THE LATEST APPROVED FLOOD PLAIN MAPS, AND TO COMPLY WITH ALL DEED RESTRICTIONS.

**Important Notice to All Applicants**

Applicable zoning law within this jurisdiction requires zoning permits to be obtained through this office for the real-property-use for which you have applied. Such use is allowable only within the district designated for each use. You are being granted a zoning permit for this general use within the jurisdictional district designated for such use.

This permit serves only to verify that you, as the permittee, have complied with the requirement of obtaining this permit. The granting of this permit in no way relieves the permittee from obtaining any other necessary permit approvals as might otherwise be required under federal, state and local law; nor does it authorize activities conducted on the premises that are otherwise unlawful.

THE ACCEPTANCE OF THE PERMIT HEREIN APPLIED FOR SHALL CONSTITUTE AN AGREEMENT ON MY PART TO ABIDE BY THE CONDITIONS HEREIN CONTAINED AND COMPLY WITH ALL RESOLUTIONS OF THE TOWNSHIP OF AMHERST AND THE STATE OF OHIO RELATING TO THE WORK TO BE DONE THEREUNDER, AND SAID AGREEMENT IS A CONDITION OF SAID PERMIT.

PRINTED NAME OF APPLICANT \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

UPON THE BASIS OF THE ABOVE APPLICATION, THE STATEMENTS WHICH ARE MADE A PART THEREOF, THE PROPOSED USAGE IS FOUND (TO BE) (NOT TO BE) IN ACCORDANCE WITH THE TOWNSHIP ZONING RESOLUTION AND IS HEREBY (APPROVED) (NOT APPROVED) FOR THE FOLLOWING DISTRICT:\_\_\_\_\_.

DATE OF APPROVAL \_\_\_\_\_ DATE OF DENIAL \_\_\_\_\_

REMARKS: \_\_\_\_\_

SIGNATURE OF AMHERST TOWNSHIP ZONING INSPECTOR \_\_\_\_\_

● *Work must begin within 6-months and must be completed within 1-1/2 years from the date of issuance of this permit.*