

TOWNSHIP OF MANTUA
PORTAGE COUNTY, OHIO

APPLICATION FOR ZONING CERTIFICATE

Application No. _____

To the Board of Township 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 the applicant says are true.

1. Location of property _____

2. Name of Landowner _____

3. Occupant _____

4. Proposed use: _____ Business
_____ New Construction _____ Manufacturing
_____ Remodeling _____ Sign Board --- Size
_____ Accessory Building _____ Other (explain
below, use additional sheet if
necessary)
_____ Residence _____ Number of families

5. Sketch of lot, showing existing buildings and proposed construction or use for which application is made. (Fill in all dimensions and indicate North).

- a) Main road frontage _____ feet
- b) Set back from side of road right of way _____ feet
- c) Side yard clearance: _____ side _____ feet / _____ side _____ feet
- d) Rear yard clearance _____ feet
- e) Depth of lot from right of way _____ feet
- f) Dimensions of building: Width _____ feet / Depth _____ feet
- g) Highest point of building above the established grade _____ feet

6. Buildings: Use _____

Number of stories _____ Basement _____

Usable floor space designed for use as living quarters includes porches, garages, breezeways.

First Floor _____ square feet Second Floor _____ square feet
Off street parking _____ square feet

7.
Remarks _____

WITNESS:

_____ Phone No. ^X _____ Applicant Signature

Do Not Write Below this Line

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Filed with Zoning Inspector _____, _____

Date application ruled on _____, _____

ZONING CERTIFICATE

Upon the basis of Application No. _____, the statements in which are made a part

hereof, the proposed usage is _____ found to be in accordance with the Township

Zoning Resolution and is hereby _____ for the _____ District
approved/rejected

If certificate refused, reason for refusal: _____

Township Zoning Inspector

Mantua Township, Portage County

Fee Paid \$ _____

Filed with Board of Zoning Appeals Chairman: _____, _____

Accepted by Board of Zoning Appeals Chairman: _____, _____

Chairman, Board of Zoning Appeals

PLEASE READ CAREFULLY BEFORE APPLYING FOR CERTIFICATE

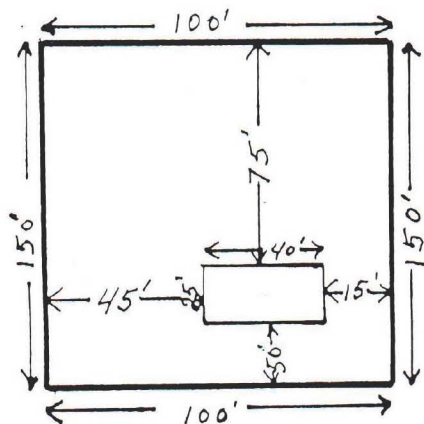
MANTUA TOWNSHIP

ZONING INSPECTOR:

330-274-9663

For this office to issue permits, the following information is required:

1. Completed zoning application signed on back.
2. Photo copy of septic permit, if applicable.
3. Site plan of lot to be built on; see example below.



Map need not be drawn to scale, but measurements must be correct. Use the reverse side of this sheet for your drawing. PLEASE USE INK PEN. FILL IN ALL BLANKS ON APPLICATION. MUST BE SIGNED ON BACK BY PROPERTY OWNER. PROPERTY OWNERS NAME, ADDRESS, PHONE NUMBER MUST APPEAR IN BLANKS, NOT THE CONTRACTOR.

Minimum setbacks for residential districts:

- 50ft. from road right-of-way.
- 15ft. from sidelines
- 25ft. from rear line

PROPERTY OWNER'S NAME _____

ADDRESS _____

TELEPHONE _____

