

APPLICATION FOR ZONING CERTIFICATE

Washington Township

Sardinia, OH 45171

No. _____

Name of Applicant _____

Address _____ Date _____

Name of Lot Owner _____ Phone _____

Address _____

Address of Premises covered by this Certificate _____

Application is hereby made to (description of work) _____

DESCRIPTION

1. Size of proposed building or structure: Width _____ feet. Depth _____ Feet.
Height _____ feet. Height _____ stories.
2. Character of Construction _____
3. Approximate cost of Project \$ _____ .
4. Size of Lot _____ feet. Width _____ feet. Depth _____ feet. _____ Square Ft.
5. Location of Property:
Front _____ feet from Property Line to Building or Structure.
Side _____ feet from Property Line to Building or Structure.
Side _____ feet from Property Line to Building or Structure.
Rear _____ feet from Property Line to Building or Structure.
6. Use of Proposed Building or Structure: No. Apartments _____
No. Employees _____
(Residence, Grocery, Etc.)
7. Use or Occupancy of Existing Buildings or Structures on Lot:
Present _____ No. Apartments _____ No. Employees _____
Proposed _____ No. Apartments _____ No. Employees _____
8. Use or Occupancy of Land:
Present _____ Proposed _____
9. Zoning District in which building or use is located _____
10. This application for a Zoning Certificate submitted to the Zoning Inspector includes the following: A plat of the lot to be developed, with dimensions, lot Number and evidence that the Lot has been surveyed and properly located and a site plan drawn to scale showing the location of proposed and existing buildings, driveways and parking area, indicating the number of parking spaces, and proposed finished grades.

Signature of Applicant