

COMMERCIAL ZONING APPLICATION PACKET

For Village of Sardinia

Attention: No application will be processed unless all required documentation accompanies the application at the time it is submitted to the zoning office. The appropriate fee for the zoning application, as set forth by the zoning ordinance, must be paid in full at time application is submitted to zoning office.

In addition to a zoning permit, you must also contact the appropriate building department for building permits. Failure to obtain a building permit will result in a delay or stop work order on your project.

For Commercial Building Permits:

Clermont County Permit Central 513-732-7213

For Residential Building Permits:

Brown County Building Department 937-378-4716

ZONING APPLICATION CHECKLIST

All of the following items must be completed before your application will be accepted and processed by the Village of Sardinia Zoning Office.

AN INCOMPLETE APPLICATION WILL NO BE ACCEPTED

- _____ Step 1: 2 Copies of legal description of property (deed / survey description)

- _____ Step 2: 2 Copies of 11x17 scalable site plans showing all dimensions of lot, project dimensions, setback measurement as needed, all existing structures on property

- _____ Step 3: All supporting documentation such as photos, and / or narrative statements

- _____ Step 4: Applicable fees paid in full at time of application submittal

- _____ Step 5: 2 Copies of completed application

- _____ Step 6: Drawing of driveway access roads

- _____ Step 7: Drawing / Plans of structure with all dimensions including length / width /height

Village of Sardinia Zoning Department
 151 Maple Ave, PO Box 27, Sardinia, OH 45171
 Phone: 937-446-3807 Fax: 937-446-1205

CASE #: _____
 PARCEL #: _____

Complete this form in its entirety and include the following items before making application. Applications with missing items will not be approved.

- 1) 2 copies of Legal Description of Lot (Deed / Survey)
- 2) 2 copies of 11x17 scalable site plans showing all dimensions of lot, project dimensions, setback measurement as needed, all existing structures on property.
- 3) All supporting documentation such as photos, and / or narrative statements.
- 4) Applicable fees paid in full at time of applications submittal.
- 5) 2 Copies of Completed Application.
- 6) Drawing of driveway access roads.
- 7) Drawing / Plans of structure with all dimensions including length / width / height

Project Address: _____ City/State/Zip Code: _____
 Applicant Name: _____ Phone: _____ Email: _____
 Applicant Address: _____ City/State/Zip Code: _____
 Contractor (if not applicant) _____ Contractor Phone #: _____ Email: _____

Type of Permit Requested:		
A. _____ New Construction	D. _____ New Business – Existing Building	G. _____ Deck / Porch
B. _____ Addition	E. _____ Accessory Bldg. / Shed	H. _____ Free Standing Sign
C. _____ Temporary	F. _____ Fence	I. _____ Other _____
A. Project Zoning District _____	D. Fence Height is Any _____	
B. Proposed Use of Structure _____	E. Shed Dimension if Any _____	
C. Existing Use of Structure _____	F. Off Street Parking Spaces Available _____	
Width of Structure _____	# of Floors _____	
Depth of Structure _____	Basement ____ Yes ____ No	Total Sq. Ft of Structure _____
Height of Structure _____		

Zoning permits DO NOT take the place of building permits. It is the responsibility of the owner / contractor to obtain proper building permits for the project applied for. Failure to obtain proper building department permits shall constitute a stop work order and / or revocation of zoning permit from the Village of Sardinia Zoning Department.

*Residential Building Permits: Call Brown County Building Department (937) 378-4716
 Commercial Building Permits: Call Clermont County Permit Central (513) 732-7213*

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION CONTAINED IN AND WITH THIS APPLICATION IS TRUE AND ACCURATE, AND CONSENTS TO AGENTS OF THE VILLAGE OF SARDINIA ENTERING PREMISES/PROPERTY FOR INSPECTION VERIFICATION OF INFORMATION SUBMITTED, AND IF THIS APPLICATION IS APPROVED, TO VERIFY CONFORMANCE TO REQUIREMENTS AND CONDITIONS OF SUCH APPROVAL AND IN ACCORDANCE WITH THE VILLAGE OF SARDINIA ZONING REGULATIONS.

APPLICANT SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE: FOR ADMINISTRATIVE PURPOSES ONLY

Application Received By: _____ Date: _____ Time: _____

Approved: _____ Rejected: _____ Reason for Rejection: _____

Date Approved / Rejected: _____