

**Chairman Trustee**  
Barbara Culp

**Township Trustee**  
Robert Jackson

**Zoning Inspector**  
Rich Rea



**Pierpont Township**  
1109 State Route 7  
Pierpont, Ohio 44082  
Pierponttownship.com

**Township Trustee**  
Pamela Hudson

**Fiscal Officer**  
Jennifer Hoover

T: (440) 577-1015  
[pierpont1@windstream.net](mailto:pierpont1@windstream.net)

## APPLICATION FOR ZONING CERTIFICATE

Application is hereby made for a Zoning Certificate; the statements herein are made a part thereof. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact or expression of fact, either with or without intention on the part of the applicant, such as might, or would operate to cause the issuance of a permit in accordance with this application, shall constitute sufficient grounds for revocation of such permit at any time. All provisions of the Ashtabula County Building Regulations, the Pierpont Township Zoning Resolution, and all other applicable regulations shall be complied with whether specified herein or not.

Property Address: \_\_\_\_\_ Parcel No. \_\_\_\_\_

### APPLICANT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

### PROPERTY OWNER (if different from Applicant information)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

### PERMIT TYPE

New Construction       Addition       Alteration       Dwelling

Deck/Porch       Accessory Building       Fence/wall       Sign

Change of Use/Occupancy       Move/relocate       Other

Estimated Value \$ \_\_\_\_\_

Description of Project or Use \_\_\_\_\_

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

Applications shall not be accepted unless accompanied by the required fees, per the adopted fee schedule, construction plans, and a survey map or scalable site plan showing all existing structures, proposed construction or use for which this application is made and indicate all dimensions, setbacks, lot line clearances, streets, and roads.

By signing this Application, the applicant gives consent to the Zoning Inspector to enter upon the property, at a reasonable hour, for the purposes of verifying conformance with this Zoning Certificate. The applicant also acknowledges that any changes concerning the information as shown in this application such as location, size, setback, yard clearance, etc. must have approval of the Zoning Inspector. Failure in this respect shall constitute sufficient grounds for revocation of this Certificate. The zoning certificate is void if work is not commenced within one (1) year from date of issuance.

**I HAVE READ THE STATEMENTS MADE HEREIN AND CERTIFY THAT THEY ARE TRUE. I WILL NOTIFY THE ZONING INSPECTOR IMMEDIATELY UPON COMPLETION OF THIS PROJECT IN ORDER TO ALLOW FOR INSPECTION AND ISSUANCE OF CERTIFICATE OF ZONING COMPLIANCE.**

Applicant (printed name) \_\_\_\_\_ Date \_\_\_\_\_

Applicant (signature) \_\_\_\_\_

**\*\*TO BE COMPLETED BY PIERPONT TOWNSHIP ZONING INSPECTOR\*\***

Total Structure Area _____ SF	
First Floor _____ SF	Second Floor _____ SF
Number of Stories _____	Height _____ FT
Garage _____ SF	Basement _____ SF
# of Enclosed Parking Spaces _____	
Off-Street Parking Area _____ SF	
Dimensions of Structure: Width _____ FT Depth _____ FT	
Fence: Type _____ Lineal Feet _____	
Usable Floor Area _____ SF	Gross Floor Area _____ SF
# of Required Parking Spaces _____	
# of Provided Parking Spaces _____	

<b>SETBACKS AND CLEARANCES</b>
Front Bldg. Setback ____
Lot Width _____
Main Rd. Frontage ____
Left Side Yard _____
Right Side Yard _____
<b>SIGNS</b>
Wall or freestanding sign
Sign Area _____ SF
Type _____

Date Application Received: \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Cash or Check No. \_\_\_\_\_

Date action taken on application: \_\_\_\_\_ APPROVED or DISAPPROVED (circle one)

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

Date Certificate of Zoning Compliance Issued: \_\_\_\_\_