

Hours Mon-Fri.
By Appointment Only

Jefferson Twp. Zoning Department
28 S. Main St.
Jeffersonville, OH 43120
(P) 740-505-0145 (E) Zoning@jeffersontwpfayette.org

Dana Kellenberger
Zoning Official

APPLICATION FOR ZONING CERTIFICATE

Application Number: JTZ -20-____-____ Date: _____ - ____ - 2023
Month Day Year

Zoning Code	Jurisdiction	Zoning Districts	Type of Work
<input type="checkbox"/> Jefferson Township	<input type="checkbox"/> Jefferson	<input type="checkbox"/> F <input type="checkbox"/> RC <input type="checkbox"/> FS <input type="checkbox"/> I-1 <input type="checkbox"/> SR-1 <input type="checkbox"/> I-2 <input type="checkbox"/> SR-2 <input type="checkbox"/> PB <input type="checkbox"/> GC <input type="checkbox"/> PUD	<input type="checkbox"/> New Home <input type="checkbox"/> Pole Building <input type="checkbox"/> Pond <input type="checkbox"/> Room Addition <input type="checkbox"/> Modular <input type="checkbox"/> Tower <input type="checkbox"/> Garage <input type="checkbox"/> Solar Panel <input type="checkbox"/> Fence <input type="checkbox"/> Change of Use <input type="checkbox"/> Accessory <input type="checkbox"/> Ag <input type="checkbox"/> Porch - or- Deck <input type="checkbox"/> Pool <input type="checkbox"/> Sign <input type="checkbox"/> Home Occupation Yard Barn <input type="checkbox"/> _____

Structure 1. **APPLICANT'S INFORMATION** (Please Print)

Applicant's Name:

Address: _____ City/State/Zip: _____

Phone: _____ Cell: _____ email: _____

2. **OWNER'S INFORMATION** (Please Print)

Owner's Name:

Address: _____ City/State/Zip: _____

Phone: _____ Cell: _____ email: _____

3. **PROJECT INFORMATION** (Please Print)

Address: of Proposed Project

Proposed--Structure	Setbacks	Property	Utilities
Size Length ____ Width ____	Feet From edge of Roadway ____	Size of Parcel: <input type="checkbox"/> Acres ____	Water <input type="checkbox"/> Existing <input type="checkbox"/> Public <input type="checkbox"/> Private
Area (SF):L x W ____	Feet From Rear Property Line ____		
Building Height (Feet): ____	Feet From Right Side Property Line ____	Parcel ID Number _____ Road Frontage ____ Feet	Sewer <input type="checkbox"/> Existing <input type="checkbox"/> Public <input type="checkbox"/> Private
Value of Construction: \$ _____	Feet From Left Side Property Line ____		

4. **BRIEF DESCRIPTION OF CONSTRUCTION** (Please Print)

Applicant's Signature: _____ Owners Signature: _____

DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)

Building	Health	Flood Plain	Engineer	UPON REVIEW, THIS APPLICATION HAS BEEN:	
Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED	_____ - ____ 2023
				<input type="checkbox"/> DISAPPROVED	Month Day Year
				Total Fees: \$ _____	
				Dana Kellenberger, Zoning Official	

The reason(s) for disapproval is (are) as follows:

Paid by Check ____ Check number _____

ZONING CHANGE OR ZONING APPEALS

If you wish to appeal this decision to Jefferson Twp. Board of Zoning Appeals, please be advised that a zoning appeal must be taken within 20 days of the administrative decision. Any questions to this matter should be directed to the zoning official.

I/we desire to request a ___ zoning appeal or a ___ zoning change for the mentioned reason(s) of the Zoning Inspector.

Date: _____ - _____, 20__

Signature of Applicant

Zoning Fees:

Residential

- New Dwelling \$55.00
- Additions - room addition, deck, attached garage, or porch \$45.00
- Accessory Structure - pole barn, shed, detached garage \$45.00
- Swimming Pool \$25.00

Non-Residential

- Application \$50.00
- Commercial Structure \$100.00 (5,000 sq. ft. or less)
 - \$25.00 for each additional 1,000 sq. ft. floor area
- Accessory Structure \$45.00
- Multi-Family Development \$30.00 (1st unit)
 - \$10.00 plus for each additional unit

Signs/Billboards

- \$100.00
 - Plus \$2.00 per sq. ft.
 - Plus \$25.00 per ft. in height

Rezoning

- \$200.00

Board of Zoning Appeals

- Appeal of Administrative Decision \$150.00
 - If the appeal is approved, then a 50% refund will be given.

Zoning Resolution

Hard Copy \$30.00

Total Fee(s): \$ _____ .00

Paid by:

Debit/Credit _____

Check No _____

Cash _____