

APPLICATION FOR ZONING CERTIFICATE

(To be filed in duplicate – R.C. 519.16)

Application No. _____ Township _____, Ashtabula County

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 applicant swears to be true.

1. Location of Property: _____ Parcel #: ____ - ____ - ____ - ____ - ____

2. Name of Land Owner: _____ Land Owner's Phone # _____

Land Owner's Email Address: _____ Total Acreage _____

3. Occupant: _____

4. Proposed Use:

New Construction

Remodeling

Accessory Building

Addition to Dwelling

Business

Industrial/Manufacturing

Sign Board – Size _____

Residential – No of Families _____

5. Sketch of lots, showing existing buildings and property construction or use for which this application is made. (Fill in all dimensions and indicate which direction is north. Submit sketch on separate sheet.)

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 established grade: _____ feet

h. _____

6. Buildings: Use: _____

Number of stories: _____ Basement: _____

Usable floor space designed for use as living quarters exclusive of basement, porches, garages, breezeways,

terraces, attics or partial stories. First floor: _____ sq. ft. Second floor: _____ sq. ft.

Off street parking space: _____ sq. ft.

7. Remarks: _____

Witness Signature

Applicant Signature

Date filed with Zoning Inspector: ____/____/____

Date approved: ____/____/____

Fee paid: _____