

# ZONING CERTIFICATE APPLICATION

Scioto Township  
6752 SR 762, PO BOX 40  
COMMERCIAL POINT, OHIO 43116  
P. 614-877-4452 F. 614-877-4952

## Submittal Requirements:

- **Legal description of the property**, to obtain call Pickaway County Auditor at 740-474-5826 Pickaway County Recorder or see <http://pickaway.iiviewauditor.com>;
- **Detailed drawing** to scale indicating the property lines, streets, and proposed or existing structures;
- **Approval letter from Pickaway County Health Department** for structures with a permanent foundation;
- **Authorization for Owner's Representative** completed and notarized if applicant is not property owner;
- **Supporting documentation** as required by Zoning Inspector to support conformance and enforcement of the Zoning Resolution;
- **Application filing fee** payable to Scioto Township (refer to adopted fee schedule); and
- **Three (3) copies** of all submitted materials in addition to the original.

Applicants are required to comply with all County Building Department regulations following approved zoning certification application.

## Owner/Applicant Information:

Property Owner (s): \_\_\_\_\_ Address: \_\_\_\_\_

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

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

Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

NOTE: All property owners must sign the application; if more than two owners, attach additional information to application.

## Subject Property:

Location of Property: \_\_\_\_\_

Existing Use: \_\_\_\_\_ Current Zoning District: \_\_\_\_\_

Acreage: \_\_\_\_\_ Parcel(s) ID: \_\_\_\_\_

Road Frontage: \_\_\_\_\_ Depth of lot from right-of-way: \_\_\_\_\_

## Project Information, Type of Work (provide details on Page 2):

New Building: \_\_\_\_\_ Residence (for \_\_\_\_\_ living units) \_\_\_\_\_ Accessory Building \_\_\_\_\_ Commercial Building

Addition  Sign

Pool with fence (if required)  Fence

Other \_\_\_\_\_

### To be completed by the Scioto Township Zoning Inspector:

Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Fee Accepted by: \_\_\_\_\_

Cash  Check \_\_\_\_\_

Sign Information

Sign area \_\_\_\_\_ square feet    Sign dimensions \_\_\_\_\_ by \_\_\_\_\_    Type of Sign \_\_\_\_\_

Pool Information

Area of pool \_\_\_\_\_ square feet

Structure Information

Total square footage (under room) \_\_\_\_\_    Number of stories \_\_\_\_\_  
First floor \_\_\_\_\_ square feet    Second floor \_\_\_\_\_ square feet  
Height above average grade \_\_\_\_\_ feet    Basement  yes     no  
Building dimensions \_\_\_\_\_ feet wide by \_\_\_\_\_ feet deep

Off-Street Parking and Loading

Number of existing parking spaces \_\_\_\_\_    Existing parking space dimensions \_\_\_\_\_ by \_\_\_\_\_  
Number of proposed parking spaces \_\_\_\_\_    Proposed parking space dimensions \_\_\_\_\_ by \_\_\_\_\_  
Number of existing loading spaces \_\_\_\_\_    Existing loading space dimensions \_\_\_\_\_ by \_\_\_\_\_  
Number of proposed loading spaces \_\_\_\_\_    Proposed loading space dimensions \_\_\_\_\_ by \_\_\_\_\_

Proposed Setbacks for Project

Front \_\_\_\_\_ feet from centerline of road    Rear yard clearance (N S E W) \_\_\_\_\_ feet  
Right side yard clearance (N S E W) \_\_\_\_\_ feet    Left side yard clearance (N S E W) \_\_\_\_\_ feet

Project or Change in Use Details

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

Pickaway County Health Department

Water – County Health Department has approved:  city water, or  a deep well. Receipt No. \_\_\_\_\_  
Sanitary Waste – County Health Department has approved:  Conventional leach bed,  Pete system,  
 City Sewer, or  Other \_\_\_\_\_. Permit No. \_\_\_\_\_

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. The applicant further agrees to conform with all zoning regulations in place on the date of the application for the area represented. **The Zoning Certificate shall expire and shall be revoked if work has not begun within one hundred eighty (180) days, and substantially completed within eighteen (18 months).**

Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner/Applicant's Name Printed: \_\_\_\_\_

<b>Zoning Certificate is:</b> _____ <b>Approved</b> _____ <b>Denied</b>
Zoning Inspector Signature _____ Date _____
If Denied, reason for denial: _____
Site Inspection conducted on _____

