

ZONING CERTIFICATE APPLICATION

Scioto Township
6752 SR 762, PO BOX 40
COMMERCIAL POINT, OHIO 43116
P. 614-957-5435 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.iviewauditor.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 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: _____

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