

**APPLICATION FOR ZONING CERTIFICATE**

Montville Township, Medina County, Ohio

The undersigned hereby applies for a Zoning Certificate for the following use, to be used on the basis of the representations herein contained, all of which the applicant swears to be true.

1. Location of Property \_\_\_\_\_ S/L \_\_\_\_\_
2. Name of Land Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Address of Land Owner \_\_\_\_\_
3. Applicant's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Applicant's Email Address \_\_\_\_\_
4. Proposed Use (Please circle all that apply):
  - a. New Construction  
Residential \_\_\_\_\_ Commercial \_\_\_\_\_  
Single Family \_\_\_\_\_ Cluster \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_
  - b. Deck/Patio \_\_\_\_\_
  - c. Accessory Building/Garage \_\_\_\_\_
  - d. Fence \_\_\_\_\_
  - e. Pool \_\_\_\_\_
  - f. Remodeling \_\_\_\_\_
  - g. Sign \_\_\_\_\_
  - h. Other \_\_\_\_\_
5. Survey or tax map of lot, showing existing buildings and proposed construction or use for which this application is made. Fill in all dimensions and indicate which direction is north.
  - a. Main Road or Street Frontage \_\_\_\_\_ feet
  - b. Depth of Lot from Right-of-Way \_\_\_\_\_ feet
  - c. Setback from Side of Road or Street \_\_\_\_\_ feet
  - d. Highest Point of Structure above  
Established Grade \_\_\_\_\_ feet
  - e. Approximate Cost \_\_\_\_\_
  - f. Dimensions of Structure, Width \_\_\_\_\_ feet
  - g. Side Yard Clearance \_\_\_\_\_ feet
  - h. Rear Yard Clearance \_\_\_\_\_ feet
6. Usable floor space designed for use as living quarters exclusive of porches, breezeways, decks, patios, terraces, or attics:
 

First Floor _____ square feet	Garage _____ square feet
Second Floor _____ square feet	Basement _____ square feet
Third Floor _____ square feet	Finished Area of Basement _____ square feet
Width & Length of Drive _____	Off-Street Parking Space _____ Permit # _____
7. Remarks \_\_\_\_\_

**I, the undersigned, acknowledge that prior to any ground disturbing activity, it is my responsibility to call Ohio Utility Protection Services (OUPS) at 811. Signed and sworn to on:**

DATE

SIGNATURE

**ZONING CERTIFICATE**

Upon the basis of the above application, the statements in which are made a part thereof, the proposed usage is found to be in accordance with the Township Zoning Resolution and is hereby approved for the following

District \_\_\_\_\_ Subdivision \_\_\_\_\_ Date of Approval \_\_\_\_\_

Township Zoning Inspector \_\_\_\_\_ Expiration \_\_\_\_\_

Reason for Refusal/Comments \_\_\_\_\_

**THIS APPROVED ZONING CERTIFICATE IS GRANTED ONLY FOR THE CONSTRUCTION OF THE ABOVE-DESCRIBED STRUCTURE(S). SHOULD THE INFORMATION PROVIDED IN THIS APPLICATION BE INACCURATE, THIS ZONING CERTIFICATE IS VOID. ANY CHANGES OR REVISIONS TO THE STRUCTURE(S), MUST BE SUBMITTED FOR REVIEW AND APPROVAL.**