

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 - **House plans required 11x17**
 - 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
 - Total Square Feet _____

- 6. Usable floor space designed for use as living quarters exclusive of porches, breezeways, decks, patios, terraces, or attics:
 - First Floor _____ square feet
 - Second Floor _____ square feet
 - Third Floor _____ square feet
 - Width & Length of Drive _____
 - Garage _____ square feet
 - Basement _____ square feet**
 - Finished Area of Basement _____ square feet
 - 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** _____

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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.