

APPLICATION FOR ZONING CERTIFICATE

Sec. 519.16 O.R.C

Application No. _____

Milan Township, Erie County, Ohio

To the Board of 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 the applicant claims to be true:

1. Location of property _____ Parcel No. _____

2. Legal Name of Property Owner: _____

3. Mailing Address: _____

Phone: _____

4. Occupant (if different from property owner) _____

5. Proposed Use:

___ New Residential Construction

___ New Business (Use Permit)

___ Residential Addition

___ Permanent Sign – Size _____

___ Residential Accessory Structure

___ Pool

___ New Business Construction

___ Fence

___ Commercial/Business Addition

___ Other(Explain below, use an additional

___ Commercial/Business Accessory Structure

sheet if necessary)

6. Sketch of lot showing existing buildings and proposed construction or use for which this application is made.

Fill in all dimensions:

a) Main Road Frontage _____ft.

e) Depth of lot from right-of-way _____ft.

b) Set Back from Road Right-of-way _____ft.

f) Dimensions of building

c) Side yard clearance: (north, south, east or west)

Width _____ft.

_____side, _____ft.

Depth _____ft.

_____side _____ft.

Height (above established grade) _____ft.

d) Rear yard clearance _____ft.

Use this area of the page to provide a sketch or use a separate piece of paper.

N

↑

7. Buildings Use: _____

Number of stories: _____ Basement: _____

Usable floor space designed for us as living quarters, exclusive of basements, porches, garages, breezeways, terraces, attics: 1st Floor _____ sq. ft. 2nd Floor _____ sq. ft.

8. Remarks:

Applicant's Signature _____

.....
Date Submitted _____

Zoning Inspectors Notes, Conditions of Zoning Board of Appeals or other pertinent information:

ZONING CERTIFICATE

Upon the basis of Application No. _____, the statements in which are made a part hereof, the proposed usage is _____ found to be in accordance with the Township Zoning Resolution and is hereby _____ for the _____ District.

(approved/rejected/denied)

Milan Township Zoning Inspector
Erie County, Ohio

Date of receipt of Completed Application _____

Date of Decision _____

Fee: \$ _____ Date Paid _____ Receipt # _____

If rejected or denied, reason for action:

