

Milan Township, Erie County Ohio
APPLICATION FOR ZONING CERTIFICATE

Sec. 519-16 O.R.C.

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 number _____

2. Legal Name of Property Owner _____

3. Mailing Address _____

4. Phone Number _____

5. Occupant (if different from property owner) _____

6. Proposed Use:

___ New Residential Construction

___ New Business (Use Permit)

___ Residential Addition

___ Permanent Sign – Size _____

___ Residential Accessory Structure

___ Pool – Size _____

___ New Business Construction

___ Fence

___ Commercial/Business Addition

___ Other (Explain below, use an additional sheet if necessary,
or include pertinent attachments.)

___ Commercial/Business Accessory Structure

7. Attach 2 copies of detailed drawing of parcel showing location of all existing buildings and proposed construction or use for which this application is made. Fill in all dimensions below and include on drawing:

a. Main Road Frontage _____ ft.

e. Depth of lot from road right-of-way _____ ft.

b. Set Back from Road Right-of-way _____ ft.

f. Dimension of building

c. Side Yard Clearance (north, south, east or west)

Width _____ ft.

_____ Side _____ ft.

Depth _____ ft.

_____ Side _____ ft.

Height above grade _____ ft.

d. Rear yard clearance _____ ft.

8. Building Use _____

Number of Stories: _____

Basement: _____

Usable floor space designed as living quarters, including basements, porches, garages, breezeways, terraces,

attics: 1st Floor _____ sq. ft.

2nd Floor _____ sq. ft.

9. Total Cost of Proposed Project: \$ _____

10. Remarks: _____

Applicant's Signature _____ Date _____

Zoning Inspector's notes, Conditions of the 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/not found) to be in accordance with the Milan Township Zoning Resolution and is hereby (approved/rejected/denied) for the _____ District.

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: _____

PERMIT CARD MUST BE POSTED ON THE PREMISES

Time to Commence Work: 1 year from Approval

Time to Complete Work: 2.5 years from Approval