

Application No. \_\_\_\_\_

iworQ No. \_\_\_\_\_

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

\_\_\_ Paved Driveway

\_\_\_ Commercial/Business Addition

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

\_\_\_ Commercial/Business Accessory Structure

\_\_\_ Fill Permit

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: 1<sup>st</sup> Floor \_\_\_\_\_ sq. ft.

2<sup>nd</sup> 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