



OSNABURG TOWNSHIP GOVERNMENT

"Planning For Progress"

7115 Hillvale St. S.E.
East Canton, Ohio 44730
Phone: 330-488-0235
Fax: 330-488-1744

Application for Zoning Certificate

To the board of Osnaburg Township Trustees

Permit # _____

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

Road or Street: _____

1. Location of Property: _____

2. Name of land Owner(s): _____

Address: _____

3. Occupant: _____

4. Proposed: _____

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Pool | <input type="checkbox"/> Business |
| <input type="checkbox"/> Remodeling | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Accessory |
| <input type="checkbox"/> Sign Board | <input type="checkbox"/> Residence | <input type="checkbox"/> Deck |
| <input type="checkbox"/> No. of Families | <input type="checkbox"/> Porch | <input type="checkbox"/> Group Home |

Section
Parcel

5. Sketch 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 Frontage in Feet _____ Depth of lot from right of way in feet _____ Square Feet in lot _____
- (b) Dimensions of building: Width in Feet _____ Depth In feet _____
- (c) Side yard clearance _____ side feet _____ | _____ side feet _____
- (d) Rear clearance in feet _____
- (e) Set back from side of road right of way in feet _____
- (f) Highest point of building above established grade in feet _____
- (g) Valuation of building or remodeling cost \$ _____

6. Building Use _____

Number of Stories _____ Basement _____ Usable floor space designed for use as living quarters exclusive of basement, porches, garages, breezeways, terrace, attics or partial stories First Floor has _____ sq. feet | Second Floor Has _____ sq. feet Off Street Parking has _____ sq. feet

7. Plot plan submitted _____

Remarks: _____

8. Septic System Permit # _____

9. Signature of Applicant _____ Date ____/____/20____

10. Date Filed with Zoning Inspector: Date ____/____/20____

(Ohio Revised Code 519.16)

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

Signature of Zoning Inspector: _____

Date Application Received: Date ____/____/20____ | Date Application Ruled On: Date ____/____/20____

Fee Paid _____ Receipt #: _____

If Certificate is refused, reason for refusal _____

Application expires one (1) year after issue date if no building has occurred (per Osnaburg Township Zoning Regulations Section 1301.4C)