

Village of Centerburg

Drawer D, Centerburg, Ohio 43011

Phone: (740) 625-7808

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In The Heart of Ohio



APPLICATION FOR ZONING PERMIT CENTERBURG, OHIO

APPLICATION NUMBER:

The undersigned applies for a zoning permit for the following use said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required in addition to the information requested on this form to submit plans in triplicate and drawn to scale, showing the actual dimensions and shape of the lot exact sizes and locations of existing buildings and the appraised value of existing lot, and dimensions of proposed buildings or alterations with value of proposed use.

1. Location Description: _____ Subdivision Name: _____
Section: _____ Township: _____
Range: _____ Lot No. _____
Block: _____
2. Owner's Name: _____
Mailing Address: _____
Phone Number: _____

Home	Business
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3. Existing Use: _____
Current Appraised Value of Property: _____
4. Property Presently Zoned: _____
5. Proposed Use: _____
New Construction: _____ Business: _____
Remodeling: _____ Industry: _____
Accessory Building: _____ Sign: _____
Size: _____ Residence: _____
Number of Units: _____ Appraised Value of Improvement: _____
Other (Explain): _____

If proposed use is business or industry enclose a detailed description of the nature of the business or industry.

6. Type of Sewage Disposal: _____
 Percentage of lot to occupied: _____ %
7. Lot Width: _____ Lot Depth: _____ Lot Area: _____
8. Square Feet of Living Area:
 Residence: _____ Garage: _____ Basement: _____
 Accessory Bldg.: _____
 Commercial: _____ Industrial: _____ Office: _____
9. Building Height: _____ Stories: _____ Feet: _____
10. Yard Dimensions:
 Front: _____ Rear: _____
 One Side: _____ Sum of Side Yards: _____
11. Accessory Building:
 Height: _____ Side of Dimensions: _____
12. Number of Off-Street Parking Spaces to be Provided: _____
13. Number of Off-Street Loading Berths to be Provided: _____
14. On a separate sheet attach a list of other supplemental requirements or conditions that will be met or explain any points you feel need clarification.
15. Are you in a Flood Plain Area? _____
 Special Insurance Available? _____

Note: This permit shall be voided if work is not started within one year or completed within 2-1/2 years.

Signature: _____ Date: _____

(FOR OFFICIAL USE ONLY)

Date Received: _____ Fee Paid: _____

Date of Action on Application: _____

Approved: _____ Denied: _____

If application denied, reason for denial: _____

 Zoning Administrator