

James Nofsinger, Zoning Administrator zoning@centerburgoh.org

## Drawer D Centerburg, Ohio 43011

Phone – (740) 625-7808 Fax – (740) 625-9058 Teri Wise, Village Administrator administrator@centerburgoh.org

## RESIDENTIAL ZONING PERMIT APPLICATION

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 certifies that all information and attachments to this application are true and correct.

Location:			
Property Address:  Current Zoning: CC ER ID R-1	Auditor's Parcel Number(s):  R-2 R-4 RO P-1 VC		
Applicant (if different than Owner):			
Name: Complete Address:	Phone Number/Ext.:		
Email Address:	Fax Number:		
Property Owner:			
Name: Address:	Phone Number/Ext.:		
Email Address:	Fax Number:		
Contractor:			
Name:	Phone Number/Ext.:		
Address: Email Address:	Fax Number:		
Proposed Use:			
<ul> <li>New single-family home</li> <li>New multi-family home</li> <li>Accessory structure</li> <li>Existing building addition/enlargement/alteration/repair relocation</li> <li>Other</li> </ul>	☐ Deck with roof ☐ Deck without roof ☐ Change of land use or building		
Current Property Use:			
Intended Property Use:  Lot Size: (acres or square foot)	*Floor area of existing building: (square foot)		
*NOTE: The square feet area of a building is determined within	its largest outset dimensions evaluding onen nerebes		

NOTE: The square foot area of a building is determined within its largest outset dimensions excluding open porches, breezeways, terraces, garages, exterior stairways, secondary stairways and basements.



Lot frontage along street:	(feet)	Lot width at the building line:	(feet)
Dimensions of proposed addition or new bu	ilding:		(i.e. feet x feet)
Building height currently:	(feet)	Building height as proposed:	(feet)
Number of stories:			
Yard Dimensions:	(front)	(rear)	(sum of side yards)
Are you in a flood plain area: Yes	No	If yes, special insura	ance available: Yes No
	inal approv	owing size of lot, size of all building al will not be given until building	
NOTE: This permit shall be voided if v cannot start until your zoning pe		started within one (1) year or compation is approved.	pleted within two (2) years. Work
The Village of Centerburg Plannin and Zoning Tab.	ng and Zonir	ng code can be found by visiting www	centerburgoh.org under the Building
I have read, understand, and agree to abide by	y the terms of	f this agreement.	
Property Owner's Signatu	ıre		Date
Applicant's Signature			Date
	F	FOR OFFICE USE:	
Application Number:			
Date Received:		Fee P	aid:
Date of Site Inspection:		OUPS Tic	
	Yes No	Contractor Registe	
Date of Action on Application:			Approved Denied
If Application is denied, reason for denial:			
Date		Zonin	g Administrator

**Additional Information Required:** 

