

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

## COMMERCIAL 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.

<b>Location:</b>									
Property Address:				A	Auditor's Par	rcel Number(s	):		
Current Zoning:	CC	☐ ER		R-1	☐ R-2	☐ R-4	RO	☐ P-1	□ VC
Applicant (if differen	t than Own	er):							
Name:					Phon	ne Number/Ex	t.:		
Complete Address:					_				
Email Address:					_	Fax Numbe	r:		
Property Owner:									
Name:					Phon	ne Number/Ex	t.:		
Address:					_				
Email Address:					_	Fax Numbe			
Contractor:									
Name:					Phon	ne Number/Ex	t.:		
Address:					_				
Email Address:					_	Fax Numbe	r:		
<b>Proposed Use:</b>									
Commercial new					☐ Com	nmercial addit	ion to existi	ng structure	
Current Property Use Intended Property Use	·								
I of Size	··		(acres or	square foot)	*Floor are	ea of existing l	milding:		(square foot)
Lut Size	·		(40103 01	square root)	1 1001 are	a of existing t	Junuing		(594410 1001)
*NOTE: The squar	o foot area	of a buildin	a is dotorm	inad within	ite largaet a	utsat dimansi	one ovoludi	ing onen nei	rohos

\*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.



Dimens	ntage along street: sions of proposed addition or new build g height currently:		Lot width at the building line:  Building height as proposed:	(feet) (i.e. feet x feet) (feet)			
	Number of stories:						
	Yard Dimensions:	_ (front)	(rear)	(sum of side yards)			
	of off-street parking spaces to be provided		Number of off-street loading				
Are you	in a flood plain area: Yes N	0	If yes, special insurar	nce available:			
NOTE:		al approva	wing size of lot, size of all building sal will not be given until building s				
NOTE:	Attach a copy of all signed, complete	ted applica	tions and inspections from the Depar	rtment of Commerce.			
NOTE:	This permit shall be voided if wor cannot start until your zoning perm		started within one (1) year or comp	leted within two (2) years. Work			
I have re	ead, understand, and agree to abide by the	he terms of	this agreement.				
	Property Owner's Signature			Date			
	Troporty a mile a significant			2			
				Date			
	Applicant's Signature			Date			
	Applicant's Signature	F	OR OFFICE USE:	Date			
		F	OR OFFICE USE:	Date			
	Application Number:	F					
		F	OR OFFICE USE:  Fee Pa OUPS Tick	id:			
	Application Number:  Date Received:  Date of Site Inspection:  Flood Plain Zone:	s  No	Fee Pa OUPS Tick Contractor Register	id:eet:No			
	Application Number:  Date Received:  Date of Site Inspection:  Flood Plain Zone:  The state of Action on Application:		Fee Pa OUPS Tick Contractor Register	id: et:			
	Application Number:  Date Received:  Date of Site Inspection:  Flood Plain Zone:	s  No	Fee Pa OUPS Tick Contractor Register	id:eet:No			
	Application Number:  Date Received:  Date of Site Inspection:  Flood Plain Zone:  The state of Action on Application:	s  No	Fee Pa OUPS Tick Contractor Register	id:eet:No			
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**Additional Information Required:** 

