

CARDINGTON TOWNSHIP, MORROW COUNTY, OHIO
ZONING CERTIFICATE

NO. _____

NAME: _____

DATE: _____

FEE: \$ _____

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 swears to be true.

1. Name of Landowner: _____
Address: _____
2. Location: _____
Zoning: _____
3. Proposed Use Residence: _____ No. of D.U.'s.: _____
No. of Stories: _____ Business: _____ Kind: _____
Manufacturing: _____ Kind: _____
Garage: _____ Accessory Building: _____ Purpose: _____
House Trailer or Equal: _____ Permanent: _____ Temporary: _____
Outdoor Advertising: _____ Other: _____

Sketch Area or Attach Plot Plan; (Put Property Owner's Name on All Attachments in Upper Right Corner of Documents.)
DO LAYOUT OF PLOT ON BACK OF FORM OR ATTACH LAYOUT TO THIS FORM

4. Frontage: _____ Depth of Right-of-Way: _____ Width at Setback Line: _____
Land Area: _____ Clearances: Left: _____ Right: _____ Rear: _____
Dimensions of Structure: _____ x _____ Ground Floor Area _____ (sq. ft.)
5. Sewage System: Public: _____ Community: _____ Private: _____
Water System: Public: _____ Community: _____ Private: _____
6. Paid: Cash: _____ Check: _____ Check #: _____ Date: _____

Unless construction is started within one (1) year from the date of issuance, or substantially completed within two and one-half (2 1/2) years, the Zoning Certificate will be revoked.

NOTICE: In consideration of permission given, I do hereby covenant and agree to do said work in compliance with the provisions of this Cardington Township Zoning Resolution pertaining to same. Approval of this application shall not excuse the applicant from complying with all building regulations of the State of Ohio, Morrow County and the Health Department.

Applicant's Signature

Upon the basis of the statement in the above application, a Zoning Certificate is: Refused: _____ Approved: _____
Reason for Refusal: _____

Date: _____

Zoning Inspector's Signature

Additional Notes: