

**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:**