

APPLICATION FOR RESIDENTIAL/COMMERCIAL ZONING CERTIFICATE LAFAYETTE TOWNSHIP, OHIO

Date of Application _____

Application No. _____

To the Lafayette Township Board of Trustees:

The undersigned, intending to construct, change the use of or alter buildings, hereby applies for a Zoning Certificate to be used on the basis of the representation herein contained, all of which the applicant swears to be true:

(1) Name of Property Owner _____

Address _____ Phone _____

(2) Location of Property Covered by this Application _____

Permanent Parcel Number _____

Business Name _____

(3) General Contractor's Name _____

Address _____ Phone _____

(4) Proposed Uses: Conforming Non-Conforming Single Family Multi-family (No. Living Units) Deck
 Change of Use Barn Pool Remodeling/Add Fence

Lot Data:

(a) Area _____ Acres

(b) Frontage _____ Feet

(c) Depth _____ Feet

(d) Set Back from Road Right-Of-Way _____ Feet

(e) Side Yard Clearance:

_____ Side _____ Feet

_____ Side _____ Feet

(f) Rear Yard Clearance _____ Feet

Building Data:

(a) No. of Floors _____

(b) Living Area First Floor _____ Sq. Feet

(c) Living Area Second Floor _____ Sq. Feet

(d) Width _____ Feet

(e) Depth _____ Feet

(f) Height _____ Feet

Above Grade

(5) Has a DRIVEWAY permit been obtained? Yes No Existing/Private

(6) Will a LAKE or POND be constructed on this site? Yes No Existing

(7) Estimated approved value: \$ _____

(8) Sketch of lot (attach or draw on other side) showing existing building and proposed construction or alteration for which this application is made. Fill in all dimensions and indicate which direction is north. This application is not complete without this requirement having been met.

STATE OF OHIO, COUNTY OF MEDINA

I, _____ being first duly sworn, say that the facts stated in the above application are true.
Applicant's Name - Please Print

Signature of Applicant

Sworn to before me and subscribed in my presence, this _____ day of _____, 20_____

Assistant/ Zoning Inspector

Date Application Received: _____

Date Application Ruled On: _____

Fee Assessed: \$ _____

Check No. _____

Receipt No. _____