

**APPLICATION FOR ZONING CERTIFICATE  
MADISON TOWNSHIP, PICKAWAY COUNTY, OHIO**

Three (3) copies of this application must be filed with the Madison Township Zoning Inspector

\_\_\_\_\_  
*Application #*

\_\_\_\_\_  
*Date*

**Name of Property Owner:** \_\_\_\_\_

Address \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant** (if different from property owner): \_\_\_\_\_

Address \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email: \_\_\_\_\_

**Location of Property:**

Existing Use of Property \_\_\_\_\_

Proposed Use of Property \_\_\_\_\_

Existing Zoning District \_\_\_\_\_

Describe the Proposed Project (structures to be erected, alterations to be made, etc.):

**ATTACHMENTS**

The following material must be attached to each copy of this form:

1. **Plans for the building or project**, showing dimensions of the lot (including frontage), the location of all structures (existing and proposed), distances to property lines, height of proposed structures.
2. **Legal description of the property** (a survey may be required)
3. **Approval of the Pickaway County Health Department** if the project involves a new well-water supply or sanitary waste disposal.
4. **Other material as may be requested by the Zoning Inspector** to determine compliance with the Zoning Resolution. Material so requested:

**I certify that all information provided in this application is true and correct. Permission is hereby granted to the Zoning Inspector to enter the subject property to perform necessary inspections, provided not less than twenty-four hours notice is given unless said notice is waived in writing by the property owner.**

\_\_\_\_\_  
*Applicant signature*

\_\_\_\_\_  
*Date*

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**Application Approved as consistent with the Madison Township Zoning Resolution**

\_\_\_\_\_  
*Zoning Inspector*

\_\_\_\_\_  
*Date*

Fee Paid (amount) \_\_\_\_\_ by Check # \_\_\_\_\_ or Cash \_\_\_\_\_

**Application Denied** \_\_\_\_\_  
Zoning Inspector

\_\_\_\_\_  
Date

**Reason(s) for Denial:**

# Z O N I N G   C E R T I F I C A T E

MADISON TOWNSHIP, PICKAWAY COUNTY, OHIO

\_\_\_\_\_  
*Certificate #*

\_\_\_\_\_  
*Date*

This is to certify that the project of \_\_\_\_\_, located at \_\_\_\_\_, as specified in Application # \_\_\_\_\_ is hereby approved as consistent with the requirements of the Washington Township Zoning Resolution. This Zoning Certificate is conditional upon work being completed as specified in the application, and being completed within twelve (12) months from the issuance of this Certificate. Completion of the work in accordance with the Washington Township Zoning Resolution shall be certified by completion of the Certificate of Zoning Compliance below.

\_\_\_\_\_  
*Madison Township Zoning Inspector*

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## CERTIFICATE OF ZONING COMPLIANCE ISSUED

\_\_\_\_\_  
*Madison Township Zoning Inspector*

\_\_\_\_\_  
*Date*