

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

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

_____ *Date*

_____ *Permit No.*

Name of Property Owner: _____

Address: _____

Telephone: _____ **Email:** _____

Applicant (if different from property owner): _____

Address: _____

Telephone: _____ **Email:** _____

Address/location of Property: _____

Auditor Parcel Number: _____

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:

At a minimum, the application shall contain the following information. In particular cases, the Zoning Inspector may reduce the submittal requirements for an application, when the proposed action warrants:

- **Plans in triplicate drawn to approximate scale, showing the actual dimensions and shape of the lot to be built upon; the exact dimensions and location of existing buildings of the lot, if any; and the location and dimensions of the proposed building(s) or alteration.**
- **Height of proposed buildings.**
- **Number of proposed dwelling units.**
- **An approval by the Pickaway County Health Department of the proposed method of water supply and for disposal of sanitary wastes prior to approval by the Zoning Inspector.**
- **Documentation that a permit for driveway installation can be obtained from the Pickaway County Engineer, Ohio Department of Transportation or other applicable authority, if required by the specific zoning district regulations in this Resolution.**
- **Such other material and information as may be requested by the Zoning Inspector to determine conformance with, and provide for the enforcement of this Resolution.**

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

Application Approved as consistent with the MADISON Township Zoning Resolution

Zoning Inspector

Date

Fee Paid (amount) _____ *by Check #* _____ *or Cash* _____

Application Denied as not consistent with the MADISON Township Zoning Resolution

Application Denied _____

Zoning Inspector

Date

Reason(s) for Denial: