

## Office of Zoning

11420 Millersport Rd. NE Millersport, OH 43046

| aaA   | lication | #     |
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## APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

Before any building may be occupied or land used, it is necessary for the Zoning Inspector to certify that the construction is in accordance with the Zoning Resolution and previously approved Application for Zoning Permit. Approximately one (1) week prior to completion of construction, please complete this form and mail or email back to the Zoning Inspector at the above address. A copy of the completed form will be returned to you.

| 1.                | 1. Name of Property Owner/Applicant:  |  |
|-------------------|---|--|
|                   | Mailing address:  |  |
|                   | Phone number: Home: Mobile: Email:  |  |
| 2.                | 2. Name of Contractor and business name:  |  |
|                   | Mailing address:  |  |
|                   | Phone number: Mobile: Business: Email:  |  |
| <u>Ap</u>         | Application is for:   |  |
|                   | [ ] New House   [ ] House Addition   [ ] Accessory Structure   [ ] Accessory Structure Addition   [ ]   | Pool   |
|                   | [ ] Fence   [ ] Deck   [ ] Sign   [ ] Commercial   [ ] Other  |  |
| Set               | Setbacks and building height:   |  |
|                   | Front Rear Left side (viewed from street)   |  |
|                   | Right side Building Height (measured from the front yard):  |  |
| Str               | Structure dimensions are the same as original application Yes or No. If no, a revised plan must be attached   | []   |
| Str               | Structure floor area in square feet S.F.  |  |
|                   | To the best of his/her knowledge, all construction has been in conformance with the approved Zoning Perm or affirms to be true by his/her signature.  | it and applicant swears  |
| per<br>Fai<br>flo | Applicant understands that the Zoning Certificate does not relieve him/her from the responsibility of obta permits as may be necessary based on your specific project and location, including but not limited to State Fairfield County; Plumbing Permit, Well and Sanitary Permit from the Fairfield County Dept. of Health; flood plain regulations of the Fairfield County Regional Planning Commission; Deed restrictions and I requirements. Applicant should also coordinate with the utility companies regarding easements, right-of-w | e Building Permit from<br>Plat requirements and<br>nomeowner association |
| Pro               | Property Owner Signature Print Name Date  |  |
|                   | For Zoning Department Use Only Below this line  Upon the basis of the Zoning Permit Application issued on the construction is /is not found to with the Zoning Resolution and this Certificate is hereby [ ] approved   [ ] denied. If denied, reason for de  |  |
| Zo                | Zoning Inspector  Date Signed copy returned to property owner [ ]   | Revised 2/19/2018  |