



**PRELIMINARY
APPLICATION FOR ZONING CERTIFICATE**
CHIPPEWA TOWNSHIP, WAYNE COUNTY, OHIO

The undersigned hereby applies for a zoning certificate for the following use, to be used on the basis of the representation herein contained, all of which the applicant are to be true and correct. This applicant is required in addition to the information requested on this form, to submit a plot plan, drawn to legible scale, showing the actual dimensions of the proposed structure or alterations thereto.

- Location of Property _____
Acres: _____ Corner lot? Yes ___ No ___ NOTE: Corner lots are required to meet the front yard setback on both streets.
- Name of Land Owner _____
Address of Land Owner _____
Telephone: _____ E-Mail : _____
- Occupant of Premises _____
- PROPOSED USE: Residential Number of Families _____
 New dwelling Accessory building Detached garage Attached garage Addition Deck
 In ground pool Above ground pool Fence Sign _____
 Other _____ Commercial Business: Kind _____
Plot Plan submitted: Y N Fire Dept. Review: Y N Driveway Culvert Permit: Y N
Variance Approved: Y N # _____ Conditional Use Approved: Y N # _____

- SKETCH OF LOT, SHOWING EXISTING BUILDINGS AND PROPOSED CONSTRUCTION OR USE FOR WHICH THIS APPLICATION IS MADE. Fill in all dimensions and indicate which direction is North.
 - Main Road or Street Frontage _____ Feet
 - Set back from side of road or street right of way _____ Feet
 - Side Yard Clearance L Side _____ Feet
R Side _____ Feet
 - Rear Yard Clearance _____ Feet
 - Depth of Lot from Right of Way _____ Feet
 - Dimensions of: _____
Width _____ Feet _____ square feet
Depth _____ Feet
 - Highest point of building above established grade _____ Feet
 - Approximate Cost _____
- Building use: _____ Basement size _____ Number of Stories _____
Usable floor space designed for use as living quarters exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories. First Floor _____ square feet; Second Floor _____ square feet.
Attached garage: Width _____ Feet Depth _____ Feet _____ square feet
Off Street Parking Space _____ square feet. Width and Length of Driveway _____ feet.
- Remarks _____

OWNER IS RESPONSIBLE FOR LOCATION OF THIS STRUCTURE TO MEET ZONING REQUIREMENTS

NOTE: THIS CERTIFICATE SHALL BECOME NULL AND VOID ONE (1) YEAR AFTER DATE OF APPROVAL UNLESS CONTINUOUS AND SUBSTANTIAL PROGRESS IS BEING MADE ON THE PROJECT.
I hereby certify all the above statements, submitted information and plans to be factual and representative of the existing and proposed conditions of the property relative to this application, and agree to comply with the Chippewa Township Zoning Resolution in the use of the property.

Applicant's Signature _____ Date _____
By signing this application, you are giving permission to the Zoning Department to access your property for purposes of inspection of this permit request.

OFFICIAL USE ONLY			
Date Received _____	Date Ruled on _____	Fee \$ _____	Paid on _____ CASH ___ CHECK
# _____	Approved _____	Denied _____	Penalty _____
Upon on the basis of the above application, the statements in which are made a part thereof, the proposed usage is _____ found to hereby _____ approved for the following district _____.			
If Refused, reason for Refusal _____			
Variance application received on _____			
_____ Township Zoning Inspector			
Chippewa Township Zoning Department, 14228 Galehouse Road, PO Box 265, Doylestown, OH 44230 Office telephone: 330-658-2112 Fax: 330-658-3372			