

Date: ___/___/200__ **Application for Zoning Certificate** Application # _____

Pittsfield Township, Lorain County in the State of Ohio

To the Board of Township Trustees: The undersigned hereby applies for a Zoning Certificate for the following use, to be issued on the basis of the representations contained herein, all of which applicant says are true:

- 1. Location of property: _____ Parcel # _____
- 2. Name of Land Owner: _____
- 3. Address of Land Owner: _____
- 4. Phone: _____ Occupant: _____

___ New Construction	___ Accessory Building-Size _____ >	Accessory Use(s):
___ Residence ___ No. of Families	___ Business	___ Agriculture
___ Remodeling & Additions	___ Manufacturing	___ Residential Storage
___ Driveway ___ Without House	___ Sign ___ Permanent ___ Temporary	___ Family Business
___ Other Construction/Uses	Temp Sign From _____ to _____	___ Other Please State Below

5. Proposed use:

6. Detailed Plans and/or Sketch of lot on a separate piece of paper showing existing buildings and proposed construction or use for which application is made. Fill in all dimensions and indicate direction.

Please indicate the following for all construction and Uses if applicable:

- a: Main Road Frontage _____ Feet
- e: Depth of lot from Right of Way _____ Feet
- b: Set Back from Center of Road _____ Feet and
from Road right of Way: _____ Feet.
- f: Dimensions of building: Width: _____ Feet
Length _____ Feet. Stories: _____
- c: Side Yard Clearance: Right Side _____ Feet and
Left Side _____ Feet.
- g: Highest point of building above the established
grade: _____ feet
- d: Rear Yard Clearance: _____ Feet.
- i: Was property surveyed: _____ Yes ___ No

7: Buildings: Use _____

Number of Stories _____ Basement: _____ Usable floor space designed for use as living quarters, exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories.

First floor: _____ Sq. Ft. Second Floor: _____ Parking Lot Size if applicable: _____ Sq. Ft.

Approximate Value of Construction \$ _____ Land Cost: \$ _____

Over

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Estimated Start Date: ___/___/___ Estimated Finish Date: ___/___/___

Disclaimer: All applicants shall hold the township and employees harmless from any liability for land suitability, water drainage, lot lines, construction delays, ownership of land, building standards or any other obligations in connection with this permit.

Witness: _____ Applicant: _____

Date: ___/___/___ Applicant (Please Print): _____

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Do not write below line-Zoning Inspector use only

Filed with Zoning Inspector: _____, 200__

Zoning Certificate & Receipt

Upon the basis of Application No. _____ the statements in which are made a part hereof, the proposed usage is _____ found to be in accordance with the Township Zoning Resolution and is hereby _____ for the _____ District.

Zoning Inspector: _____

Pittsfield Township, Lorain County in the State of Ohio.

Notes & Conditions: _____

Date Application received: ___/___/200__ Date application ruled on: ___/___/200__

Certificate good for 1 year after issue

Fee Paid: \$_____ Cash/Check

If Certificate refused, reason for refusal: _____

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