

APPLICATION FOR ZONING CERTIFICATE
LAWRENCE TOWNSHIP, TUSCARAWAS COUNTY, OHIO

APPLICATION NUMBER: _____

DATE OF APPLICATION: _____

TO THE BOARD OF TOWNSHIP TRUSTEES:

THE UNDERSIGNED DOES HEREBY APPLY 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. PARCEL NUMBER OF PROPERTY: _____ # OF ACRES: _____ ZONING DISTRICT: _____

2. ADDRESS OF PROPERTY: _____

3. NAME OF PROPERTY OWNER: _____

ADDRESS: _____

PHONE NUMBER: _____

4. APPLICANT (IF DIFFERENT FROM PROPERTY OWNER): _____

ADDRESS: _____

PHONE NUMBER: _____

5. CONTRACTOR NAME: _____

ADDRESS: _____

POINT OF CONTACT: _____ PHONE NUMBER: _____

6. PROPOSED USE:

___ BUSINESS ___ NEW CONSTRUCTION ___ RE-MODEL ___ MANUFACTURING ___ AGRICULTURAL

___ ACCESSORY BUILDING ___ RESIDENCE (# OF FAMILIES _____) ___ SIGN (SIZE _____)

___ OTHER (CIRCLE ONE) BREEZEWAY DECK PATIO PORCH TERRACE PERGOLA GAZEBO
FENCE LEAN-TO

7. ATTACH A CERTIFIED SURVEY OF THE PARCEL SHOWING ALL EXISTING BUILDINGS AND PROPOSED CONSTRUCTION OR USE FOR WHICH APPLICATION IS BEING MADE. COMPLETE ALL OF THE FOLLOWING DIMENSIONS ACCURATELY, AS THESE MEASUREMENTS WILL BE VERIFIED ON SITE BY THE ZONING INSPECTOR PRIOR TO THE APPROVAL OF THIS APPLICATION.

A) MAIN ROAD FRONTAGE _____ FEET B) LOT WIDTH AT STRUCTURE _____ FEET

C) LEFT SIDE YARD SETBACK _____ FEET D) RIGHT SIDE YARD SETBACK _____ FEET

E) FRONT YARD SETBACK _____ FEET F) REAR YARD SETBACK _____ FEET

G) STRUCTURE HEIGHT _____ FEET // WIDTH _____ FEET // DEPTH _____ FEET

NOTE:

APPENDIX "K" OF THE ZONING CODE SHOWS THE MINIMUM SETBACK REQUIREMENTS BY ZONING DISTRICT. PLEASE INSURE ALL SETBACKS MEET THE MINIMUM CODE.

APPLICATION NUMBER: _____

8. STRUCTURE: USE: _____ **APPROXIMATE VALUATION: \$**_____

#OF STORIES: _____ **BASEMENT: YES NO (CIRCLE ONE)**

SQUARE FOOTAGE: 1ST FLOOR:_____ **2ND FLOOR:**_____ **GARAGE:**_____ **PARTIAL STORIES:**_____

BREEZEWAYS, DECKS, PATIOS, PORCHES, TERRACES, ETC.:_____

9. REMARKS: (ANY ADDITIONAL INFORMATION THE APPLICANT MAY FEEL IS PERTINENT):

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

DATE

OWNER PRINTED NAME

OWNER SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY

LAWRENCE TOWNSHIP ZONING DEPARTMENT

DATE APPLICATION FILED: _____

FEE CALCULATION: (REFER TO FEE SCHEDULE)

REMARKS:

ZONING CERTIFICATE

UPON THE BASIS OF APPLICATION NUMBER _____, THE STATEMENTS IN WHICH ARE MADE A PART HEREOF, THE PROPOSED USAGE: **IS** / **IS NOT** (CIRCLE ONE, X OTHER) FOUND TO BE IN ACCORDANCE WITH LAWRENCE TOWNSHIP ZONING REGULATIONS FOR THE _____ ZONING DISTRICT, AND IS HEREBY: **APPROVED** / **REJECTED** (CIRCLE ONE, X OTHER).

LAWRENCE TOWNSHIP ZONING INSPECTOR

DATE APPLICATION RULED ON

FEE PAID: \$_____

IF CERTIFICATE APPLICATION REJECTED, REASON FOR REJECTION: _____

TO THE APPLICANT: IF THIS APPLICATION FOR A ZONING CERTIFICATE WAS REJECTED, YOU HAVE THE RIGHT TO FILE FOR AN APPEAL FOR A VARIANCE IN ACCORDANCE WITH THE LAWRENCE TOWNSHIP ZONING RESOLUTION SECTION 701.7. YOU CAN OBTAIN AN APPEALS APPLICATION FROM THE TOWNSHIP OFFICES.

INFORMATION REQUIRED TO APPLY FOR A ZONING CERTIFICATE (PERMIT)

1. A CERTIFIED, CURRENT SURVEY WITH ALL EXISTING STRUCTURES (IF APPLICABLE) AND THE NEW STRUCTURE TO BE BUILT, PLOTTED ON THE SURVEY. THE SURVEY MUST SHOW ALL OF THE REQUIRED BUILDING SETBACK DIMENSIONS ON THE FRONT, LEFT AND RIGHT SIDES, AND REAR YARDS, AS WELL AS ALL PARCEL DIMENSIONS.

******* NOTE *******

THE FRONT YARD IS THE AREA FROM THE PUBLIC ROAD (TOWNSHIP, COUNTY OR STATE) WHERE YOUR STRUCTURE IS ADDRESSED, TO THE CLOSEST POINT OF YOUR STRUCTURE (ANY APPURTENANCE OR WALL). HOWEVER, SHOULD YOUR MINIMUM FRONT YARD SETBACK FOR YOUR DISTRICT (AS OUTLINED IN APPENDIX "K" OF THE TOWNSHIP ZONING RESOLUTION) NOT CAUSE YOUR STRUCTURE TO BE OUT OF ANY ROAD RIGHT OF WAY, YOU WILL NEED TO MOVE YOUR STRUCTURE BACK FAR ENOUGH TO BE CLEAR OF SUCH RIGHT OF WAY.

2. IF NO OTHER STRUCTURES EXIST ON THE PARCEL, YOU MUST INCLUDE THE ACCESS MANAGEMENT APPROVAL THAT ASSIGNS THE PHYSICAL ADDRESS FOR THE PROPERTY. YOU MAY ACQUIRE THIS DOCUMENT FROM THE TUSCARAWAS COUNTY ENGINEERS OFFICE.

3. IF NO APPROVED DRIVEWAY CURRENTLY EXISTS ON THE PARCEL, THEN YOU MUST ALSO APPLY FOR A DRIVEWAY PERMIT. YOU CAN REQUEST THAT APPLICATION PACKET FROM THE TOWNSHIP AS WELL. DIRECTIONS FOR APPLYING FOR A DRIVEWAY PERMIT ARE INCLUDED WITH THAT PACKAGE.

4. YOU MUST SUPPLY A COMPLETE SET OF YOUR HOUSE AND/OR BUILDING PLANS WITH THE OUTSIDE DIMENSIONS OF EACH STORY OR LEVEL FOR THE SQUARE FOOTAGE CALCULATIONS. THESE MUST INCLUDE THE GARAGE AND BASEMENT IF IT IS A WALKOUT OR SPLIT-LEVEL TYPE HOME. THE PLANS MUST ALSO SHOW ANY APPURTENANCES SUCH AS BREEZEWAYS, DECKS, PATIOS, PORCHES OR TERRACES. THESE PLANS CAN BE ON STANDARD LETTER PAPER OR LARGER. THEY MUST BE LEGIBLE.

5. YOU MUST PROVIDE A VALUATION OF THE HOUSE BASED ON THE PLANS. THIS VALUATION SHOULD NOT INCLUDE THE LAND, ONLY THE STRUCTURE BEING BUILT.

6. IF THE PARCEL DOES NOT HAVE CENTRAL SEWAGE, BUT WILL INSTEAD BE ON A SEPTIC SYSTEM, THE PARCEL HAS TO BE TWO (2) ACRES OR LARGER AS REQUIRED BY THE TUSCARAWAS COUNTY HEALTH DEPARTMENT. YOU MUST PROVIDE A COPY OF THE HEALTH DEPARTMENT SEPTIC PERMIT APPROVAL FOR THE PROPERTY PRIOR TO THE APPROVAL OF THIS ZONING CERTIFICATE APPLICATION.