

APPLICATION FOR ZONING CERTIFICATE FOR USE OR STRUCTURE

VILLAGE OF TUSCARAWAS
522 CHERRY STREET
TUSCARAWAS, OH 44682
740-922-4189

1. **Instructions**

- Refer to requirements in the Zoning Ordinance available at the Village Hall.
- Submit your completed application to the Zoning Inspector.
- Include approvals for all other required permits, if necessary.
- **ATTACH A SITE AND BUILDING PLAN** (pursuant to Article 16, Section 1602.1) that includes, at a minimum:
 - (a) Applicant's name.
 - (b) Project name, location and address.
 - (c) Scale and north arrow. (If not to scale, show enough measurements to adequately evaluate the plan).
 - (d) Location and name(s) of street(s) providing access to the project.
 - (e) Lot or parcel numbers of the project.
 - (f) Dimensions of the lot(s), and location and use of the existing structure(s), including ponds.
 - (g) Location, height, size and use of proposed structure(s) and yards, according to all dimensions and setback distances that are regulated in this Ordinance.
 - (h) Plan of structure(s) and/or portions thereof where the proposed use will be conducted or constructed, including entrances, exits, and other details which are relevant to the application.

Note: The Zoning Inspector may require additional information for this application pursuant to Article 16, Section 1602.2.

2. **Location of Project**

- Street Address _____ Lot or Parcel No _____

3. **Property is Currently Zoned As** _____

4. **Applicant (Owner or tenant)**

- Name of Applicant _____ Phone _____
- Mailing Address _____
- Contact Person _____ Phone _____

5. **Property Owner (If Different from Applicant)**

- Name _____ Phone _____
- Mailing Address _____

6. Describe the Proposed Project and/or Change in Use

7. Estimated Date of Completion _____

The applicant, by signing this application, acknowledges that the Zoning Inspector, while in the normal, lawful, and peaceful pursuit of his duties, may enter upon the property to inspect the project at any reasonable time. The Zoning Inspector may NOT enter a building or structure on private land without permission of the owner.

All information provided in this application is true, correct and complete to the best of my knowledge.

Applicant Signature _____ **Date** _____

Owner (If Different) Signature _____ **Date** _____

The applicable fee must be paid upon approval of this Application before a Zoning Certificate can be issued.

ZONING INSPECTOR

Date Application Received _____ Checklist Completed and Attached? Yes _____

Project Approved _____ Disapproved _____ Date _____

Reason for Disapproval _____

Zoning Inspector's Name (Printed) _____

Zoning Inspector's Signature _____ Date _____