

VILLAGE OF TUSCARAWAS
CHECKLIST FOR THE ZONING INSPECTOR

Date Application Received _____

Applicant _____

Phone Number _____

Mailing Address _____

Location of Proposed Project and/or Change in Use _____

Type of Proposed Project and/or Change in Use _____

Current Zoning District _____

Is a Zoning Change Required?

(If Yes, STOP HERE and See Article 19)

Yes _____

No _____

CHECKLIST

	Yes	No	N/A
1. Is Application Complete? (If No, add remarks)	_____	_____	_____
2. Is a Lot Merger Required (See Section 509.2)?	_____	_____	_____
3. Are Lot Pins Visible?	_____	_____	_____
4. Are Lot Lines Clearly Defined? (Sidewalks, Roads, Fences or Power Poles May Not Be Indicators)	_____	_____	_____
5. Is a Survey Needed? (If Yes, add remarks)	_____	_____	_____
6. Do the Front, Side, and Rear Setbacks Meet Requirements of Article 5?	_____	_____	_____
7. Do Height, Number of Stories, and Floor Area Per Unit Meet Requirements of Article 5.	_____	_____	_____
8. Does the Percentage of Lot Coverage Meet Requirements of Article 5?	_____	_____	_____
9. Is Landscaping Required (See Section 505.2)? (If Yes, add remarks)	_____	_____	_____
10. Is Parking Required (See Article 6)?	_____	_____	_____
11. Is a Variance needed? If Yes, Explain procedure to Applicant.	_____	_____	_____
12. Have all other required approvals/permits been obtained?	_____	_____	_____
13. Is any additional information needed pursuant to Article 16, Section 1602.2? (If Yes, add remarks)	_____	_____	_____

Remarks: (Reference the Item Number)

Zoning Inspector's Signature: _____ Date: _____

(Attach this form to the Zoning Certificate Application.)