

# APPLICATION FOR ZONING CERTIFICATE

Application No: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Void After: \_\_\_\_\_

To The Village of Carroll Planning and Zoning Board:

The undersigned hereby applies for a Zoning Certificate for the following use, to be issued on the basis of the representation contained herein, all of which applicant swears to be true.

1. The building, structure or premises for which a certificate is requested is as follows:

Address: \_\_\_\_\_

Lot No. \_\_\_\_\_ Addition: \_\_\_\_\_

Parcel No. \_\_\_\_\_ Current Zoning Classification: \_\_\_\_\_

2. Name(s) of Property Owner(s) \_\_\_\_\_

Address of Property Owner(s): \_\_\_\_\_

Telephone No: \_\_\_\_\_

3. Name(s) of Occupants(s) of Property: \_\_\_\_\_

4. Present Use of Property (Include All Uses on Site): \_\_\_\_\_

5. Proposed Use:	New Construction	No. of Families _____
	Remodeling	Business
	Accessory Building	Manufacturing
	Residence	Sign Board – Size _____
	Garage	Other _____

6. Site Plan to be attached and dimensions (a) through (g) completed (see attached for Site Plan requirements):

(a) Main road frontage \_\_\_\_\_ feet (e) Depth of lot from center of road or street \_\_\_\_\_ feet

(b) Set back from center of road or street \_\_\_\_\_ feet (f) Dimensions of building: Width \_\_\_\_\_ feet

(c) Set back from each side lot line: \_\_\_\_\_ feet Depth \_\_\_\_\_ feet

\_\_\_\_\_ side \_\_\_\_\_ feet (g) Highest point of building above  
\_\_\_\_\_ side \_\_\_\_\_ feet established grade \_\_\_\_\_ feet

(d) Set back from rear lot line \_\_\_\_\_ feet

7. Building use \_\_\_\_\_

Number of stories \_\_\_\_\_ Basement \_\_\_\_\_

Usable floor space designed for use as living quarters, exclusive of utility area, basements, porches, garages, breezeways, terraces, attics, or habitable space over a first floor.

Living Space (first floor) \_\_\_\_\_ square feet Living space (second floor) \_\_\_\_\_ square feet

Total Square Feet \_\_\_\_\_ (including garage, porch, deck, patio, ect.)

8. Parking: Number of Existing Spaces: \_\_\_\_\_ Number of Loading Spaces (if applicable): \_\_\_\_\_  
Number of Handicapped Spaces \_\_\_\_\_ Number of Proposed Spaces \_\_\_\_\_

9. Names, address and telephone number of architect for project \_\_\_\_\_  
\_\_\_\_\_

10. Name, address and telephone number of contractor for project \_\_\_\_\_  
\_\_\_\_\_

11. Remarks and / or additional comments: \_\_\_\_\_  
\_\_\_\_\_

12. The Zoning Certificate does not relieve the applicant from the responsibility of obtaining all other required permits  
And approvals, including but not limited to access permits from the Village of Carroll, County of Fairfield and State of Ohio.  
Applicant(s) and owner(s) should also coordinate with utility companies for all required easements, right-of-ways and setbacks.

13. A fee for application processing, as determined by the Zoning Board: \$ \_\_\_\_\_

14. I hereby certify, to the best of my knowledge, that the forgoing statements and the information provided on the attached Site Plan are  
true and accurate. I understand that approval of this application does not relieve me of my obligation to obtain all other necessary  
permits.

Name Of Applicant(s) (Print) \_\_\_\_\_ Applicant(s) is/are \_\_\_\_\_ Owner(s)  
Occupant(s)  
Owner's Agent  
Other \_\_\_\_\_

Telephone Number of Applicant(s) \_\_\_\_\_

Witness: \_\_\_\_\_ X \_\_\_\_\_  
Applicant(s)

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**TO BE COMPLETED BY ZONING INSPECTOR**

Permit Approved                      Permit Denied

I hereby approve/deny this Application for Zoning Certificate for the purposes as stated herein and as shown  
on Site Plan by applicant(s).

DATE: \_\_\_\_\_  
Zoning Inspector

Reason(s) for Denial: \_\_\_\_\_  
\_\_\_\_\_