

Application for Zoning Certificate

Benton Township, Ottawa County, Ohio

Application Number _____

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 following representations contained herein, all of which the applicant says are true.

Location of property: _____

Name of land owner: _____

Address and Phone #: _____

Check the Proposed Use:

One-Family Dwelling <input type="checkbox"/>	Two-Family Dwelling <input type="checkbox"/>	Multi-Family Dwelling <input type="checkbox"/>
Trailer Courts <input type="checkbox"/>	Residential Addition <input type="checkbox"/>	Commercial <input type="checkbox"/>
Industrial <input type="checkbox"/>	Garages/Accessory Buildings <input type="checkbox"/>	Fences/Decks <input type="checkbox"/>
Signs <input type="checkbox"/>	Swimming Pools <input type="checkbox"/>	Retention Ponds <input type="checkbox"/>
Wind-Powered Generator Towers <input type="checkbox"/>		
Other/Explain <input type="checkbox"/>		

Provide an attached sheet with a plot plan of the address in concern. On this plot plan, provide all boundary measurements – locations of existing buildings – septic system and well. Provide with dotted lines the proposed new construction.

- Indicate NORTH on the plot plan
- Indicate road frontage and driveway location with measurements
- Provide prints or drawings of proposed construction with measurements (one copy stays at Zoning Office)
- Indicate the highest point of buildings with measurements
- Provide dimensions from buildings to plot (boundary) lines

Number of Stories <input type="checkbox"/>	Basement <input type="checkbox"/>	Crawlspace <input type="checkbox"/>
Useable floor space designed for living quarters, exclusive of basements, porches, garages, breezeways, terraces, attics or partial stories:		
First Floor <input type="checkbox"/>	Second Floor <input type="checkbox"/>	Off Street Parking <input type="checkbox"/>
Remarks:		

Date Applied: _____

Applicant Signature: _____

Zoning Inspector: _____