

APPLICATION FOR ZONING CERTIFICATE FOR USE OR STRUCTURE
Village of NEWCOMERSTOWN, Ohio

- Refer to requirements in the Zoning Ordinance of the Village of NEWCOMERSTOWN, available from the Zoning Inspector.
 - See Zoning Ordinance for requirements for complete application including application form, plans, fees and other materials. Incomplete applications may be rejected after submittal.
 - Each structure is required to have a separate Zoning Certificate.
 - Submit complete application to Zoning Inspector.
 - For more information contact Zoning Inspector, [address of Village office, telephone number]. PLEASE PRINT OR TYPE. FILL IN ALL BLANKS. ATTACH ADDITIONAL PAGES AS NEEDED.
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Instructions: Submit 2 collated sets of application with original signatures.

Materials attached to this application:

- Site and building plan
 - Fee. Make check payable to Village of NEWCOMERSTOWN
 - Submit this application with applications for all other required permits.
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Location of Project:

Street Address _____

Subdivision Name _____

Section _____

Township _____

Range _____

Block _____

Parcel Number _____

If Multiple Buildings in Project: Building Number on Plan _____

Applicant (Owner or tenant)

Contact Person _____

Phone _____

Property Owner

Name _____

Mailing Address _____

Describe the Proposed Use(s) and/or Structures(s). Describe all, using Article 4 of the Zoning Ordinance:

Anticipated dates of construction and removal of temporary structure (12 months maximum)

For Determination of Status of Existing Use or Structure: date of completion of existing structure, date of initiation of current use, including most recent alterations. Attach previously issued permits for existing use or structure.

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Project type. Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Dwelling (number of units) | <input type="checkbox"/> Limited Home Occupation |
| <input type="checkbox"/> Residential Design Manufactured Home (RDMH) | <input type="checkbox"/> Temporary Structure |
| <input type="checkbox"/> Standard Design Manufactured Home (SDMH) | <input type="checkbox"/> Portable Structure |
| <input type="checkbox"/> Number of Dwelling Units in Building | <input type="checkbox"/> Fence, landscaping wall |
| <input type="checkbox"/> Business-Retail, Office, etc. | <input type="checkbox"/> Change in use, not structures |
| <input type="checkbox"/> Industrial, Manufacturing, Warehousing | <input type="checkbox"/> Determination of Status of Legal, Nonconforming Use or Structure |
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Expanded Home Occupation | |
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- | | |
|--|---|
| <input type="checkbox"/> New Use | <input type="checkbox"/> Construction of New Structure |
| <input type="checkbox"/> Altered, Additional Use | <input type="checkbox"/> Alteration of Existing Structure |
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Existing Uses and Structures on the Property:

Property is Currently Zoned As: _____

Type of Sewage Disposal (Individual, Group, Municipal): _____

Type of Water (Individual, Group, Municipal): _____

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- The undersigned requests a Zoning Certificate for the premises as described in this application.
 The undersigned requests a Determination of the Status of a Legal, Nonconforming Use as described in this application.

All information provided in all materials in this application is true, correct, and complete to the best of my knowledge. No part of the land involved in the application has been previously used to provide required setback space or lot area for another structure.

Applicant (Please sign and print name) _____ Date _____

This undersigned is the owner of the premises described herein and grants permission to the applicant for the submission of this application.

Owner (Please sign and print name) _____ Date _____

Zoning Inspector Notes

Date of Submittal: _____

Date of Determination of Completeness: _____ Complete Incomplete

Reason application is incomplete: _____

Signature of Zoning Inspector _____ Date _____