



**2 East Sandusky Street
Fredericktown, Ohio 43019
740-694-9010 | Fax 740-694-9032
fredericktownohio.net**

APPLICATION FOR ZONING CERTIFICATE

Always call #811 to have underground utilities located prior to excavation

Application No. _____

The undersigned applies for a zoning certificate for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct.

The applicant is required, in addition to the information requested on this form to submit plans, in duplicate and drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations. The Zoning Inspector shall act upon all applications for building permits zoning certificates on which he is authorized to act by the provisions of Zoning Ordinance 2023-18 within thirty (30) days after they are filed in full compliance with all the applicable requirements.

Date of application _____ Contractor _____ Phone No. _____

Name of applicant (owner) _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

Location of site for which permit is requested: Lot No. _____ Street _____

Subdivision _____

If corner lot, give name of side street _____

Frontage _____ feet Depth _____ feet Area in square feet _____

Property presently zoned as, check one:

- | | | |
|--|---|---|
| <input type="checkbox"/> R-1 Residential | <input type="checkbox"/> B-1 Downtown Business District | <input type="checkbox"/> C-1 Conservation District |
| <input type="checkbox"/> R-2 Residential | <input type="checkbox"/> B-2 General Business District | <input type="checkbox"/> M-1 Manufacturing District |
| <input type="checkbox"/> R-3 Residential | <input type="checkbox"/> B-3 Bypass Business District | <input type="checkbox"/> AG Agricultural District |
| <input type="checkbox"/> PND (Planned Neighborhood District) | <input type="checkbox"/> P-1 Public and Semi-Public | Existing Use _____ |

Purposed Use: Accessory building _____ Width _____ Depth _____ Total Area _____ sq. ft.
Garage _____ Width _____ Depth _____ Total Area _____ sq. ft.
Fence _____ Pool _____ Porch/Deck _____ Sign _____ Other _____

On a separate sheet attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarifications.

NOTE: State Code requires submission of plans on buildings to be used for: Resort, Assembly, Education, Entertainment, Lodging, Trade, Manufacturing or Repair, Storage, Traffic or occupancy by the Public and residential buildings with more than three units.

If construction comes under above classifications, have plans been submitted and approved? Yes _____ No _____

Date of Approval _____ Approving Agency _____

It shall be unlawful for any owner, lessee or tenant to occupy any structure, building or land, or part thereof, hereafter erected, created, changed, converted or enlarged unless a certificate of occupancy shall have been issued by the Zoning Inspector after inspection. Such certificate of occupancy shall show and certify that such building, structure or premises has been constructed, altered or improved in compliance with the provisions of this Ordinance, the Building Code and all other applicable codes or ordinances and all conditions and requirements, if any, stipulated by the Board of Appeals or other proper authority.

No permit for excavation or construction shall be issued by the Zoning Inspector, unless the plans, specifications and the intended use conform to the provisions of this Ordinance.

Such certificate shall be valid for not more than twelve (12) months unless specific permission for a longer period is granted by the Village Planning Commission or acceptable progress has been made on the construction of the structure in question.

Estimated Value _____ Signature _____

FOR OFFICE USE ONLY

FEE PAID: AMOUNT _____ CASH _____ CHECK _____ DATE _____

Application approved by Zoning Inspector. Yes _____ No _____ Date _____

Application rejected by reason of: _____

Zoning Inspector

