

APPLICATION FOR ZONING PERMIT INSTRUCTIONS

This application is composed of two parts:

1. Application for Zoning Permit
2. A sketch layout or a Site Plan and Building Plan

An application for a single-family detached dwelling or a two-family dwelling use shall include the “Application for Zoning Permit” and a “Sketch Layout” on Page 3 of this application. Each dwelling unit is required to have two off-street parking spaces. The minimum size of each parking space is 10' x 20'.

An application for a multi-family dwelling, commercial, or industrial use shall include the “Application for Zoning Permit” and three sets of the “Site Plan and Building Plans”.

The application and a \$25.00 filing fee must be submitted to the Fiscal Officer’s Office, 122 East Pike Street, Jackson Center, Ohio 45334. Office hours are 8:00 a.m. to 4:00 p.m. Monday-Friday.

If you need help in making your application, the Fiscal Officer or Village Administrator will assist you.

In the event an application is denied by the Zoning Enforcement Officer for cause, the applicant is entitled to appeal that decision to the Jackson Center Board of Zoning Appeals. An application “Notice of Appeal,” is available at the Fiscal Officer’s Office. This appeal and a \$50.00 filing fee must be submitted to the Fiscal Officer’s Office. This appeal shall be taken within 20 days after the decision by filing with the Zoning Enforcement Officer and with the Board, a “Notice of Appeal”.

**APPLICATION FOR ZONING PERMIT
VILLAGE OF JACKSON CENTER
SHELBY COUNTY, OHIO**

Date: _____ 20____

Application No. _____

The undersigned applies for a zoning permit 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.

1. **Location Description** (Attach a legal description if not a platted lot.)

Subdivision Name _____

Lot No.: _____ Outlot No.: _____ Acres: _____

Street Address: _____

Lot Size: Width _____ Depth _____ Area _____

Property presently zoned as: _____

Existing use: _____

2. **Name of Owner** _____

Mailing Address _____

Phone Number: Home _____ Work _____

Contractor _____ Estimated Cost _____

3. **Proposed Use:**

Residential____ Commercial____ Industrial _____ Accessory Building ____ Sign ____

4. **Residential Use** (Sketch layout on page _____)

No. of Units _____ New construction _____ Addition _____

Size: _____ Story _____ Width _____ Length _____ Height _____

Living area _____ sq. ft. Garage _____ sq. ft. Basement _____ sq. ft.

Setbacks required: _____ front yard _____ side yard _____ back yard

Number of off-street parking spaces provided _____

5. **Commercial or Industrial Use**

New construction _____ Addition _____

Size: _____ Story _____ Width _____ Length _____ Height _____

Number of off-street parking spaces provided _____

Number of off-street loading berths to be provided: _____

Site Plan submitted in duplicate, drawn to scale showing actual dimensions and shape of lot with exact sizes and location of uses. Yes _____ No _____

Building Plans submitted in duplicate, drawn to scale. Yes _____ No _____

6. **Accessory Building**

What purpose: _____

Dimensions: Height _____ Size: _____

7. **Sign**

Size: _____ Width _____ Length _____ Height _____

Sketch of sign and location on lot. Yes _____ No _____

8. Zoning Permit fee paid. Yes _____ No _____

9. Submitted to Shelby County Health Department. Yes _____ No _____

NOTE: This permit shall be void if work is not started within one (1) year or completed within two (2) years.

Signature of Owner _____ Date _____

(Space below reserved for office use only)

Date filed: (Receiving Time and Date Stamp)

Issued: _____ 20__

Denied: _____ 20__

Signed _____ 20__

Zoning Enforcement Officer