

APPLICATION FOR ZONING CERTIFICATE

Montville Township, Medina County, Ohio

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

1. Location of Property _____ S/L _____
2. Name of Land Owner _____ Telephone _____
Address of Land Owner _____
3. Applicant's Name _____ Telephone _____
4. Proposed Use (Please circle all that apply):
 - a. New Construction _____
Residential _____ Commercial _____
Single Family _____ Cluster _____ Condo _____ Apartment _____
 - b. Deck/Patio _____
 - c. Accessory Building/Garage _____
 - d. Fence _____
 - e. Pool _____
 - f. Remodeling _____
 - g. Sign _____
 - h. Other _____
5. Survey or tax map of lot, showing existing buildings and proposed construction or use for which this application is made. Fill in all dimensions and indicate which direction is north.
 - a. Main Road or Street Frontage _____ feet
 - b. Depth of Lot from Right-of-Way _____ feet
 - c. Setback from Side of Road or Street _____
Right-Of-Way _____ feet
 - d. Highest Point of Structure above _____
Established Grade _____ feet
 - e. Approximate Cost _____
 - f. Dimensions of Structure, Width _____ feet
Depth _____ feet
 - g. Side Yard Clearance _____
Side _____ feet
Side _____ feet
 - h. Rear Yard Clearance _____ feet
6. Usable floor space designed for use as living quarters exclusive of porches, breezeways, decks, patios, terraces, or attics:

First Floor _____ square feet	Garage _____ square feet
Second Floor _____ square feet	Basement _____ square feet
Third Floor _____ square feet	Finished Area of Basement _____ square feet
Width & Length of Drive _____	Off-Street Parking Space _____ Permit # _____
7. Remarks _____

Signed and sworn to on

_____ DATE _____ SIGNATURE

ZONING CERTIFICATE

Upon the basis of the above application, the statements in which are made a part thereof, the proposed usage is found to be in accordance with the Township Zoning Resolution and is hereby approved for the following

District _____ Subdivision _____ Date of Approval _____
 Township Zoning Inspector _____ Expiration _____
 Reason for Refusal/Comments _____

THIS APPROVED ZONING CERTIFICATE IS GRANTED ONLY FOR THE CONSTRUCTION OF THE ABOVE-DESCRIBED STRUCTURE(S). SHOULD THE INFORMATION PROVIDED IN THIS APPLICATION BE INACCURATE, THIS ZONING CERTIFICATE IS VOID. ANY CHANGES OR REVISIONS TO THE STRUCTURE(S), MUST BE SUBMITTED FOR REVIEW AND APPROVAL.