

Application for a Zoning Certificate (Permit) (Rev. 12/9/09)

Oxford Township Zoning Duane Matlack
 2000 Whipple Road
 Delaware, Ohio 43015
 740-272-6338

Items required in addition to this application:

		Pole barn/ Garage/ Accessory buildings	Deck/Pool/ Addition	Single family residence
1	A copy of certified address, the name of the subdivision and the lot number, or other information necessary to establish the location of the lot			X
2	Two copies of plot plan or site plan must be provided, drawn to scale and no larger than 8½ " x 14", showing the actual shape and dimensions of the property with front, rear, and side yard dimensions; the location and dimensions of existing structures and proposed structures or alterations; and any additional information required by the Zoning Officer. (THIS MUST BE DRAWN TO SCALE & MUST SHOW ALL SETBACKS)	X	X	X
3	A copy of the permit to install from the Delaware County Health Department or Ohio Environmental Protection Agency for on site wastewater disposal. (Site evaluation is not a substitute)			X
4	Fees as established by the Township Trustees: (Penalty for late or no permit is 100% of normal fee)	\$75.00 < 499 SqFt \$125.00 > 500 SqFt	\$75.00/ \$75.00/ \$125.00	\$200.00

Process:

- Applicant must have building site clearly staked before application is submitted for approval.
- Mail application information to address above or call to request an on site appointment with the inspector.
- The Zoning Inspector will inspect the property after receipt of application information.
- A zoning certificate (permit) will be issued after the inspection, and compliance is confirmed.
- A zoning permit is valid for 12 months from the date the zoning permit is issued unless otherwise stated on the zoning permit at the time of issuance. If work has not been completed during this time frame, the zoning permit shall expire and no further work as described in the expired permit shall proceed unless and until a new zoning permit has been obtained.
- Inadequate, and or inaccurate submittal of information may delay or result in denial of the permit.

Application For Zoning Permit

Name of Owner _____ Phone_(____)_____

Address _____ City/State _____ Zip _____

Applicant Name _____ Phone_(____)_____ Cell(____)_____

Address _____ City/State _____ Zip _____

E-Mail _____

Property Address _____ City/State _____ Zip _____

Lot No. _____ Subdivision Name _____

Parcel currently zoned as:	Proposed Permit Use:
<input type="checkbox"/> Farm Residential	<input type="checkbox"/> New Single Family Residence
<input type="checkbox"/> Industrial	<input type="checkbox"/> Deck _____ x _____
<input type="checkbox"/> Planned Residential	<input type="checkbox"/> Pool _____ x _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition _____
	<input type="checkbox"/> Pole Barn/ Garage
	<input type="checkbox"/> Other _____

Road Frontage _____ Lot Size in acres _____

Set Backs: Front _____' Rear _____' Left Side _____' Right Side _____'

Finished Living Area: Total SqFt. _____ 1st Floor _____ 2nd Floor _____

Building Height _____ Feet _____ Stories

Accessory Structure SqFt _____

Estimated Cost of Construction \$ _____

The undersigned hereby applies for a zoning certificate (Permit) under the Oxford Township Zoning Resolution for the above stated use. The certificate (Permit) is to be issued on the basis of and in reliance on the information contained within this document. The applicant hereby certifies all information and attachments to this application are true, complete, and correct. The zoning permit shall be effective for not more than 12 months from the date of issuance, unless part of an approved planned development permit.

Owners Signature _____ Date _____

Applicants Signature _____ Date _____

Inspector's Notes: _____