

This is an illustration of the Milton Township Application form for a Zoning Certificate. The actual form is a legal size document that is a three part carbon copy document. The actual Application form will be completed by the Zoning Inspector when required fees are paid.

The applicant needs to be prepared with all appropriate information for the Zoning Inspector.

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## Application for Zoning Certificate

Sec. 519.16 R.C.

Milton Township, Ashland County, Ohio

Application No. \_\_\_\_\_

To the Board of Township Trustees:

The undersigned hereby applies for a Zoning Certificate for the following use, to be issued on the basis of the representations contained herein, all of which applicant says are true:

1. Location of property: \_\_\_\_\_

2. Name of Land Owner: \_\_\_\_\_

Address: \_\_\_\_\_

3. Occupant: \_\_\_\_\_

4. Proposed use:

\_\_\_\_\_ New Construction

\_\_\_\_\_ Remodeling

\_\_\_\_\_ Accessory Building

\_\_\_\_\_ Residence \_\_\_\_\_ No. of Families

\_\_\_\_\_ Business

\_\_\_\_\_ Manufacturing

\_\_\_\_\_ Sign Board – Size \_\_\_\_\_

\_\_\_\_\_ Other (explain below, use additional sheet if necessary)

5. Sketch of lot, showing existing buildings and proposed construction or use for which application is made. (Fill in all dimensions and indicate North)

a) Main road frontage \_\_\_\_\_ feet

b) Set back from side of road right of way  
\_\_\_\_\_ feet

c) Side yard clearance:  
\_\_\_\_\_ side \_\_\_\_\_ feet  
\_\_\_\_\_ side \_\_\_\_\_ feet

d) Rear yard clearance \_\_\_\_\_ feet

e) Depth of lot from right of way  
\_\_\_\_\_ feet

f) Dimensions of building:  
Width \_\_\_\_\_ feet  
Depth \_\_\_\_\_ feet

g) Highest point of building above the established grade \_\_\_\_\_ feet

**Attach sketch here**

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6. Buildings:

Use \_\_\_\_\_

Number of stories \_\_\_\_\_ Basement \_\_\_\_\_

Usable floor space designed for use as living quarters, exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories.

First floor \_\_\_\_\_ square feet      Second floor \_\_\_\_\_ square feet

Off street parking \_\_\_\_\_ square feet

7. Remarks: \_\_\_\_\_

\_\_\_\_\_

WITNESS:

\_\_\_\_\_

Applicant

NOTE: This form to be filed in triplicate.

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Do not write below this line

Filed with the Zoning Inspector \_\_\_\_\_, \_\_\_\_\_

Year