

Fill in items 1 through 7 on all three (3) copies. Return to me, with fee _____. Make sure all copies are signed and witnessed. If approved, you will receive pink copy in return mail within 15 days. Make checks payable to Sandusky Township.

County Real Estate Tax Number Here ----------

Application for Zoning Certificate

Sec. 519.16 R.C.

Sandusky Township, Sandusky County
To the Board of Township Trustees:

Application No. _____

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

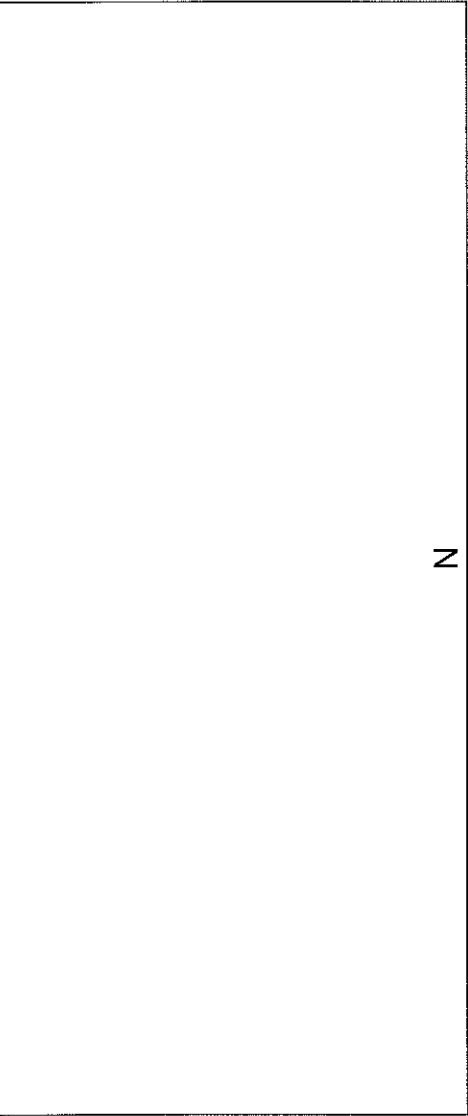
- Location of Property _____
- Name of Land Owner _____
Address _____
- Occupant _____
- Proposed use:

| | |
|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Residence _____ No. of Families |
| <input type="checkbox"/> Remodeling | <input type="checkbox"/> Business |
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Sign Board—Size _____ | <input type="checkbox"/> Other (explain below, use additional sheet if necessary) |

- 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 _____ ft | e) Depth of lot from right of way _____ ft |
| b) Set back from side of road right of way _____ ft. | f) Dimensions of building: Width _____ ft |
| c) Side yard clearance _____ side _____ ft | Depth _____ ft |
| d) Rear yard clearance _____ ft | g) Highest point of building above the established grade _____ ft |

h) Sketch Here →



** A suitable drawing can be submitted on separate paper to omit sketch or if more space is needed

- 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 _____ sq. ft. Second Floor _____ sq. ft. Off street parking _____ sq. ft.

7. Remarks: _____
WITNESS: _____
APPLICANT _____

Note: This form to be filed in triplicate. DO NOT WRITE BELOW THIS LINE

Filed with Zoning Inspector _____ (date)

Zoning Certificate

Upon the basis of Application No. _____, the statements in which are made a part hereof, the proposed usage is _____ found to be in accordance with the Township Zoning Resolution and is hereby Approved Rejected for the _____ District.

Sandusky Township Zoning Inspector
Sandusky Township, Sandusky County

Date application received _____
Date application ruled on _____
Fee paid \$ _____
If certificate refused, reason for refusal _____