

ZONING CERTIFICATE APPLICATION

Xenia Township

8 Brush Row Rd., Xenia OH 45385

Phone: 937-372-0859 · Fax: 937-372-3343 · www.xeniatownship.org

PROPERTY AND CONTACT INFORMATION

Name of Property Owner: _____ Phone: _____
Address of Property: _____ City: _____ Zip: _____
Acreage of Property: _____ Parcel Number: _____
Owner Address: _____ City: _____ State: _____ Zip: _____
Name of Contractor: _____ Phone: _____

PROPOSED CONSTRUCTION

Proposed Building Use: _____

- New Construction Accessory Building Deck Business Other
 Addition Fence Swimming Pool Industry

NEW BUILDINGS AND ADDITIONS

Total Floor Space: _____ sq ft; Total Living Area: _____ sq ft; Height to Peak of Roof: _____ ft.

Property Line Setbacks: FRONT _____ ft; REAR _____ ft; SIDE 1 _____ ft; SIDE 2 _____ ft.

Other Information Required:

- ◆ Plot plan of property including existing buildings, proposed buildings, well, septic.
- ◆ Copy of construction drawings.
- ◆ Driveway permit for new construction.
- ◆ New construction must have proof of Board of Health Septic Approval.
- ◆ The building must be staked for inspection of setbacks.

FENCES, DECKS AND POOLS (Please attach plot plan)

Fence Height: _____ Deck Area: _____ In-ground or Above ground pool: _____

SIGNS (Please attach plot plan & drawings)

Total Area of Existing *Ground* Signs _____, *Wall* Signs _____, *Other* Signs _____

Area of Proposed Sign _____ Height of Sign _____ Lot Frontage _____

I hereby certify that all of the information supplied in this application and attachments are true and correct to the best of my knowledge, information and belief. I hereby consent to the inspection of the subject property and of any buildings or structures to be constructed thereon by the Township Zoning Inspector. I hereby acknowledge that I understand that if the construction or use described in the zoning certificate has not begun or substantially pursued within one year from the date of issuance, said zoning certificate shall become null and void.

Applicant Signature

Date

NOTE: REFUSAL OF THIS CERTIFICATE MAY BE APPEALED BY FILING AN APPLICATION WITHIN 20 DAYS OF DENIAL

This application has been ____ **APPROVED** ____ **REJECTED** for issuance of a Zoning Certificate by the Xenia Township Zoning Inspector.

Xenia Township Zoning Inspector

Date

*** Office Use Only***	
Date: _____	Permit No.: _____
Fee Paid: _____	Check No.: _____