

XENIA TOWNSHIP
ZONING CERTIFICATE APPLICATION
INFORMATION REQUIRED

OWNER OF PROPERTY: _____

ADDRESS: _____

PHONE NO: _____

SITE ADDRESS OR LOCATION: _____

ACREAGE OR LOT# & NAME OF PLAT: _____

PARCEL#: _____

GENERAL CONTRACTOR: _____

ADDRESS: _____

PHONE NO: _____

Please check (x) one:

| | | |
|---|--|--|
| Single family dwelling: One story _____ Two story _____ | Two-family dwelling: One story _____ Two story _____ | Multi-family dwelling: # stories _____ |
| Swimming pool: Above ground _____ Below ground _____ | Accessory Structure: Shed _____ Pole Barn _____ | Garage: Attached _____ Unattached _____ |
| Addition: Type _____ | Sign: Wall _____ Ground _____ | Temporary structure: Tent _____ Construction Trailer _____ |
| Commercial Construction: Type _____ | OTHER: _____ _____ | |

Total amount of floor space: _____ sq. ft.

Total amount of living area: _____ sq. ft.

Height to peak of roof: _____ feet

SETBACKS TO PROPERTY LINES:

FRONT _____ FT.

REAR _____ FT.

SIDE _____ FT.

SIDE _____ FT.

TOTAL ESTIMATED COST: \$ _____

OTHER INFORMATION REQUIRED:

1. PLOT PLAN
2. COPY OF CONSTRUCTION DRAWINGS
3. NEW CONSTRUCTION - PROOF OF BOARD OF HEALTH SEPTIC APPROVAL

THE SIDE MUST BE STAKED FOR INSPECTION OF SETBACKS, ETC.

APPLICANT'S SIGNATURE
DATE: _____

THIS APPLICATION HAS BEEN APPROVED/DENIED FOR ISSUANCE OF A ZONING CERTIFICATE BY THE XENIA TOWNSHIP ZONING INSPECTOR.

ZONING INSPECTOR
DATE: _____

Refusal of this certificate may be appealed by filing an application with the Xenia Township Zoning Clerk within twenty days of the date of this denial.