

**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.**