

**PERKINS TOWNSHIP ZONING DEPARTMENT**

**APPLICATION FOR ZONING CERTIFICATE**

1210 E BOGART ROAD, SANDUSKY, OHIO 44870

Application Number: \_\_\_\_\_

Telephone: 419-625-4595 / Fax: 419-609-1410

Platted: \_\_\_\_\_

To the Board of Township Trustees: Application is hereby made for a Zoning Certificate, to be issued on the basis of the statements contained herein and which statements are made a part of said Zoning Certificate when issued.

Location		Subdivision		Lot #	
Land Owner		Telephone			
Owner Address					
Occupant		Telephone			
Occupant Address					
Zoning District		Main Use		Height of Lot Grade above established Street Grade (Sec. 3.08)	
Accessory Use		Conditional Use permit needed			
Class of Work:		<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Sign <input type="checkbox"/> Accessory Bldg. <input type="checkbox"/> Fence <input type="checkbox"/> Other:			
Lot Area	sq. ft.	Lot Width at Bldg Line	ft.	Front Depth from R/W Line	ft.
Side Yard Width:		One Side	ft.	Total	ft.
				Rear Yard Depth:	ft.
Max. Bldg. Height	ft.	No. Stories		Dwelling Unit Area	sq. ft.
				Storage Area	sq. ft. (if no basement)

**REQUIREMENTS**

Submit the following items with the completed application:

1. Two sets of site or plot plans.
2. Show actual shape and dimensions of the lot to be built upon or to be changed in use.
3. Show the exact setbacks, location, size, and height of all buildings or structures on the property.
4. General Topography.
5. Location and distances to buildings on adjoining premises.
6. Location of land use if no buildings are involved.
7. Existing and intended use of each building or structure or part thereof (ex. pool, shed, addition, accessory)
8. Locations of all Accessory Buildings or use.
9. Location and dimensions of off street parking areas (drives etc.).
10. **Show all easements (drainage, utility, etc.) on the property. You are responsible to comply with all easements and restrictions.**

Note: This serves the purpose of Land and Building Use only, and is not to be construed as a Building Permit.

**Consult your land deed for possibly more restrictive requirements.**

Date of Stake off inspection:		<b>Applicants Signature:</b>	
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\*\*\*\*\* for office use only \*\*\*\*\*

Parcel No.:		Submittal Date:		Value:	
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<input type="checkbox"/> Approved			
<input type="checkbox"/> Partial Approval			
<input type="checkbox"/> Not Approved	Signature	Title	Date

Comments: