# PENFIELD TOWNSHIP APPLICATION FOR ZONING CERTIFICATE

**Call before you Dig 1-800-362-2764 (Underground utilities 48 hrs. prior to digging)**

**Permit No** _____

The undersigned hereby applies to the Penfield Township Board of Trustees, Lorain County, Ohio, for a zoning certificate for the following use, to be used on the basis of the representations herein contained, all of which the applicant swears to be true. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact or expression of fact in the application, either with or without intention on the part of the applicant, such as might, or would, operate to cause the issuance of a permit in accordance with this application, shall constitute sufficient ground for the revocation of the permit at any time. The undersigned consents to the township's entry onto the property for inspection purposes.

1. **Land owners** name and address _____

_____ _____Tel. # (  )_____

2. **Location** of property _____

3. **Occupant** of premises _____

4. **Class of work:** New Residence () Number of families () Pond () Garage () Deck () Pool ()

Addition () Accessory building () New () Remodeling () Commercial () Industrial () Fence ()

Sign Board () size----------**Existing use**---------- **Proposed use**----------

_____

5. A **plot plan** drawn to scale, showing the main street or road, exact dimensions and shape of the Lot to be built upon; the size and locations of existing buildings on the lot, if any, and the location and dimensions of the proposed building (s) or alterations, septic systems and geothermal layouts.

Main road or street Frontage_____Ft Depth_____Ft Acres_____

Set back from main road or street_____Ft. _____Side _____Ft. (rear)

Side yard clearances _____Side _____Ft. _____Side _____Ft.

6. **Dimensions** of Building. Width ----------Ft. Depth----------Ft. Height----------Ft.

Residence area. Number of stories---------- Basement size----------Sq. Ft.

First floor----------_Sq. Ft. Second Floor----------Sq. Ft. Garage Dimension ----------

_____

7. **Valuation** $_____ _____Parcel ID#_____

8. **Health permit** #_____ Date Issued_____. State, County or Township **Driveway Permit** Attached () N/A () - Approved pond plan from Soil & Water attached () (required for pond)

9.**Remarks**_____

_____

10. **Witness**_____**APPLICANT**_____Date filed_____

11. **Fee**_____**Date paid**_____ **Cash () Check Number**_____

## ZONING CERTIFICATE

Upon the basis of the above application, the statements in which are made a part thereof, the proposed usage is found to be in accordance with the township zoning Resolution and is hereby **Approved**_____ **Disapproved**_____ for the following district; () Residential/Agriculture () Commercial () Industrial

Township Zoning Inspector_____Date:_____

This application when approved constitutes the zoning permit. To be filed in quadruplicate with the office of the Zoning Inspector

This zoning certificate is good for **1 year** from date of issuance

Post evidence of the zoning permit at the road set back

Distribution: Original Township Zoning Office, Copy #1__Applicant, Copy # 2__Township Fiscal Officer, copy 3__ Lorain County Auditor

(rev. 5/31/16)