

BATAVIA TOWNSHIP ZONING PERMIT APPLICATION

1535 Clough Pike, Batavia, Ohio 45103
513-732-3888 732-3988 (fax) dkelley@bataviatownship.org

RESIDENTIAL SINGLE FAMILY/MULTI FAMILY STRUCTURE

Owner's Name _____ Contractor _____

Building address _____

Subdivision _____ Lot # ____ Nearest cross st. _____

Parcel ID # _____ Present Zoning of Property _____

Person requesting this certificate or contact person _____

Phone # _____ Mailing Address _____

Proposed use of structure: (check one)

Single Family Dwelling ____ Multi Family Dwelling ____ #of units per building ____

Addition ____ /Proposed Use _____

(Example: family room, sun room, deck, etc.)

Square feet of home: 1st fl. _____ 2nd fl. _____ Total sq. ft : _____
(total living area -exclusive of basement & garage)

If Addition: Total Sq.Ft. _____ Dimensions ____ x ____

Number of stories _____ Height _____ Width of lot at building line _____
(exclusive of basement) (to peak of roof) (width of lot at point where structure is located)

Setbacks:

Front yard ____ Right side yard ____ Left side yard ____ Rear yard ____

Lot area: ____ acres Road frontage: ____ ft. Parking spaces provided ____

Do any lot or use variances apply to this property? If yes, provide Case # _____

Anticipated selling price of home, if new construction \$ _____ (approximate number)

I confirm by my signature that this application meets or exceeds all minimum requirements of the Batavia Township Zoning Resolution and that I have read and agree to the terms imposed.

APPLICANT'S SIGNATURE

This certificate shall expire if work has not begun within six months or is not substantially complete within one year of issuance. It is understood and agreed by the applicant that any error or misrepresentation of fact, by the applicant or Batavia Twp., which may cause the issuance of this permit in error or in conflict with the Batavia Township Zoning Resolution shall constitute sufficient grounds for the revocation of said permit and that issuance of this permit does not negate any regulation imposed by another authority. Applicant to notify Zoning Inspector 24 hours prior to footers being poured. Survey stakes must be present on lot.

Approved ____ Denied ____ Signature of Zoning Official _____ date _____ Rev.8/10 cdk

ZONING CERTIFICATE

DATE

FEE \$

ISSUED BY: