

SPRING VALLEY VILLAGE

Greene County, Ohio

APPLICATION FOR ZONING CERTIFICATE (Permit) (To be filed in duplicate)

APPLICATION NO. _____

To the Council of Spring Valley:

The undersigned hereby applies for a zoning certificate for the following use, to be issued on the basis of the representations contained herein, all of which applicant swears to be true.

1. Location of Property _____

2. Name of Land Owner _____

Address _____

3. County Auditor's Record: Book _____ Page _____ Parcel No. _____ Zoning Dist. _____

4. Proposed Use:

_____ New Construction _____ Residence — No. of Families _____

_____ Remodeling _____ Business

_____ Accessory Building _____ Manufacturing

_____ Other (Explain) _____ Sign Board — Size _____

5. Furnish to scale plans in duplicate, showing existing buildings and proposed construction or use for which this application is made. (Fill in all dimensions and indicate which direction is North.)

a. Main road frontage _____ feet.

b. Set back from side of road right of way _____ feet.

c. Side yard clearance _____ side _____ feet.

_____ side _____ feet.

d. Rear yard clearance _____ feet.

e. Depth of lot from right of way _____ feet.

f. Dimensions of building Width _____ feet.

Depth _____ feet.

g. Highest point of building above established grade _____ feet.

h. Lot Size _____ square feet _____.

6. Buildings: Use _____

Number of stories _____ Basement _____

Usable floor space designed for use as living quarters exclusive of basement, porches, garages, breezeways, terraces, attics or partial stories. First floor _____ sq. ft. Second floor _____ square feet.

Off street parking space _____ square feet.

7. Remarks: _____

8. Is property within the FEMH recognized: Flood Way YES NO Flood Plain YES NO

Date filed with Zoning Inspector

Applicant

Date Application Ruled On: _____ Approved _____ Disapproved _____

ZONING INSPECTOR