

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

City of Obetz
4175 Alum Creek Drive
Obetz, Ohio 43207
(614) 491-1080



PLEASE SUBMIT TWO COPIES OF THE COMPLETED APPLICATION AND ALL SUPPORTING INFORMATION.

Property Owner: _____ Mailing Address: _____

Phone #: _____ Email: _____

Applicant (if different than Property Owner): _____

Phone #: _____ Email: _____

LEGAL DESCRIPTION OF PROPERTY FOR WHICH ZONING CLEARANCE IS SOUGHT

Address: _____ Lot Number: _____

Parcel Number: _____ Township: _____

Proposed Use: _____ Zoning District: _____

INFORMATION FOR CONSTRUCTION, RECONSTRUCTION AND ENLARGEMENT OF BUILDINGS

Building Height(s): _____ Number of Floors: _____

Number of Dwelling Units: _____ Total Floor Area (in square feet): _____

Lot Coverage (calculated as a percentage of total lot area): _____

PLEASE ATTACH TO THIS APPLICATION THE FOLLOWING INFORMATION:

1. Site Plan showing the dimensions and shape of the lot; size and location of existing and proposed buildings, additions, or new site elements such as a patio; front rear and side yard setbacks; existing and proposed driveways and parking areas; street right of way and easements. Clearly mark front, rear, and side yard setbacks. Note that when located on a corner lot, the front yard setback applies to both sides of the parcel.
2. Additional information as requested by the Zoning Administrator.

By submitting this Application, the undersigned certifies that all information and attachments to this Application are true and correct to the best of their knowledge and belief. They also agree to comply with all regulations of the Obetz Codified Ordinances.

APPLICANT'S SIGNATURE: _____ DATE: _____

Work must be started within one year or substantially completed within two and a half years or the approval will expire. A Building Permit may also be required. Please consult the Building Department.

FOR OFFICIAL USE ONLY

Date Received: _____ Permit # _____

Approved Disapproved _____ Date: _____

Comments: _____
