

GERMAN TOWNSHIP ZONING
3940 LAWRENCEVILLE DRIVE
SPRINGFIELD, OHIO 45504
(937) 964-1661

APPLICATION FOR ZONING CERTIFICATE

FOR OFFICE USE ONLY

Date received: _____ Received by: _____
Fee Paid: _____
Certificate Number _____ Issued/ Denied Date: _____
Comments: _____

Signature of Zoning Inspector: _____
Certificate is valid for 2 years from issue date

A. OWNER(S) INFORMATION

NAME: _____
CURRENT ADDRESS: _____
CITY/ST./ZIP: _____
PHONE: Home _____ Business _____ Fax _____

B. BUILDER'S INFORMATION

NAME: _____
ADDRESS: _____
CITY/ST./ZIP: _____
PHONE: Home _____ Business _____ Fax _____

C. STATUS OF PROPERTY FOR ZONING REQUEST

LOCATION/ADDRESS OF PROPERTY: _____
CURRENT USE (i.e. agricultural, residence etc.): _____
ACREAGE: _____ ROAD FRONTAGE: _____ ft. DEPTH: _____ ft.

IS ALL OR PART OF PARCEL IN THE 100-YEAR FLOOD PLAIN?
____ YES ____ NO If yes, indicate what action must be taken in order that the
proposed use complies with Flood Plain regulations.

IS THIS PROPERTY LOCATED ON A STATE HIGHWAY? ____ YES ____ NO If yes, you must be
in compliance with State road requirements.

D. PROPOSED STRUCTURE

DESCRIPTION OF PROPOSED STRUCTURE(S) (i.e. residence, garage, shed): _____

SIZE OF STRUCTURE: _____ sq.ft. COST OF STRUCTURE: _____
HEIGHT OF STRUCTURE: _____ BUILDING MATERIALS: _____
PROPOSED USAGE OF PROPERTY AND/OR STRUCTURE _____

E. REQUIRED ADDITIONAL INFORMATION

- FEE**
- MAP** - Provide a map showing property in question. Note location of existing and/or proposed structures with distances from lot lines. Show existing and/or proposed access point(s) to public road. Also show any known easements, and placement of well and sewer. Map must be accurate and clearly readable.
- HEALTH DEPARTMENT OR OEPA CERTIFICATE OF APPROVAL:** In all cases where on-site water and/or sewage disposal is utilized, the County Health Department or OEPA must evaluate the soil/site suitability for on-site water and/or sewage disposal. Submit copy of approved report.
- ANY OTHER INFORMATION** necessary to determine and provide for the enforcement of zoning resolutions.
- CULVERT PERMIT** is needed to install a culvert under your drive way.

NOTE* Concrete driveways may not be extended across German Township right of way. I agree to pay the expenses for its removal should this happen. Signed _____

F. APPLICANT CERTIFICATION

I/We hereby submit this application (including all items and exhibits noted above) for a zoning certificate and affirm that the information provided by myself and/or agent is true and correct to the best of my/our knowledge. I/We understand that any incomplete, missing or inaccurate information may cause this application to be rejected and that I/We must furnish any such information upon request prior to the processing of this application for appeal.

NAME: _____ printed NAME: _____ signature DATE: _____
NAME: _____ printed NAME: _____ signature DATE: _____