



Danbury Township, Ohio

5972 E. Port Clinton Rd.
Marblehead, Ohio 43440
Phone: (419) 734-6120 Fax: (419) 734-3137
Website: www.danburytownship.com

ZONING PERMIT APPLICATION

Date Filed: Application #:

Approval Date: BZA Case #:

1. Property Location: Parcel ID #
Subdivision Lot # Zoning District
Existing Use Proposed Use

2. Applicant Address
City State Zip Phone
Email:

3. Owner Address
City State Zip Phone
Email:

4. Contractor/ Architect Address
City State Zip Phone
Email:

5. Site Plan: Attach site plan for subject property. See Instructions & Sample.

6. Type of Improvement
Residential Use: New Single Family, New Two-Family, New Multi-Family, Addition, Accessory Structure, Decks or Patios, Swimming Pools, Walls or Fences, Temporary Uses, Signs, Docks, Other.
Non-Residential Use: New Building(s), Dimensions of each Bldg., Addition, Accessory Structure, Temporary Uses, Signs, Walls or Fences, Remodel/ Tenant Finish, Docks, Finger, Main or Walkway, Other.

7. **Project Description:** _____

8. Are the property line pins located or have you had a recent survey of the lot? _____ (yes/no)

9. If application is for a non-residential use, list total square footage of building per floor. If application is for a residential use list total area of living space per floor as well as total area of all applicable attachments to the structure. Attach sketch of lot, showing existing buildings and proposed construction or use for which application is made. Give dimensions, indicate *north* and provide the following information:

	<u>Existing</u>	<u>Proposed</u>	<u>Setbacks:</u>	<u>Existing</u>	<u>Proposed</u>
Basement:	_____sf.	_____sf.	<i>(Setbacks are from the property lines to roof overhang, not the edge of the road pavement or foundation)</i>		
First floor:	_____sf.	_____sf.	Front Yard Setback:	_____ft.	_____ft.
Second floor:	_____sf.	_____sf.	Side Yard Setback:		
Third floor:	_____sf.	_____sf.	_____side:	_____ft.	_____ft.
Garage/carport:	_____sf.	_____sf.	_____side:	_____ft.	_____ft.
Decks/porches:	_____sf.	_____sf.	Rear Yard Setback:	_____ft.	_____ft.
Breezeway:	_____sf.	_____sf.	5' Acc. Bldg/ Separation? ___Yes ___No	_____ft.	
Accessory:	_____sf.	_____sf.	Is the property Nonconforming? ___Yes ___No		
Parking:	_____sf.	_____sf.	<u>Lot Coverage:</u>		
Other:	_____sf.	_____sf.	A. Principal Building Footprint:	_____sf.	
Highest point of building above the established grade:	_____ft.	_____ft.	B. Total of Accessory buildings:	_____sf.	
			C. Lot Width x Lot Depth = Lot Area:	_____sf..	
			[(A +B) ÷ C] x 100 = _____%		

NOTE: Private deed restrictions may need to be met in some areas of the township. Zoning does not enforce private restrictions. It is the responsibility of the Owner & Applicant to be aware of these.

Application is hereby made for a zoning certificate. 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 owner of this building or premises and the undersigned, do hereby agree to comply with all the laws of the State of Ohio and the Zoning Resolution of Danbury Township, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specification are to the best of their knowledge, true and correct.

(Applicant's Signature)

(Date)

Do not write below this line

ZONING CERTIFICATE

Upon the basis of Application No. _____, the statements in which are made a part hereof, the proposed usage (is or isn't) _____ found to be in accordance with the Danbury Township. Zoning Resolution and is hereby (approved or rejected) _____ for the _____ Zoning District.

Danbury Township Zoning Inspector
5972 E. Port Clinton Road, Marblehead, Ohio 43440

Date Application Received _____, 20____ Fee Paid \$ _____ Check # _____
Date Application Ruled On _____, 20____ If certificate refused, reason for refusal : _____

Permit valid for a period of one (1) year from date of issue.

DANBURY TOWNSHIP

ZONING INSPECTOR

5972 E. Port Clinton Rd.
Marblehead, Ohio 43440

Kathryn A. Dale, AICP
Zoning & Planning Administrator
(419) 734-6120

Re: NEW CONSTRUCTION INSPECTIONS

Dear Property Owner & Applicants:

This letter is to advise anyone who receives a zoning permit that they must call-in for a preliminary and final inspection. The intended structure must be staked at the exact location as depicted on the site plan and the pre-construction inspection will verify that the location meets all zoning requirements prior to construction commencement. New construction of additions, new homes, and commercial buildings must be inspected prior to footers and foundations being poured. This will avoid any potential problems in the future for both the Township as well as the property owner. A post-construction inspection will need to be scheduled to verify that everything was constructed as planned and the project is finalized.

To schedule an inspection, please call the number listed above. A 24-hour notice is appreciated. Inspections will primarily be done on Wednesday, but special circumstances can be coordinated with the Zoning Inspector.

Any structure installed in an easement is done so at the property owner's risk. If the owner or user of the easement (the County, utility company, etc.) needs to gain access to the easement **for any reason**, the structure can be removed and likely destroyed and will be done so **without any reimbursement to the property owner**. The property owner is responsible for all costs associated with the repair or replacement. The intent of this memorandum is to provide clarification to anyone considering construction over an easement and to answer any question prior to any future mishap.

The location and depth of all underground utilities should be determined prior to the start of any work. For utility locations, please contact Ohio Utilities Protection Service (OUPS) at 811 or 1-800-362-2764.

Thank you in advance for your compliance. Messages can be left on the office voicemail.

Danbury Zoning Office Hours are: Tuesday, Thursday, Friday: 9am-3pm
Wednesday: 9am-11am and 4pm - 6:30pm