



Village of Commercial Point

P.O. Box 56
Commercial Point, Ohio 43116
(614) 877-9248

Zoning Certificate Application

Date Received: _____

Property Information
Street Address: _____ Zoning Classification: _____
Parcel Number: _____ Lot Number (sub divisions only) _____
Road Frontage: _____ Depth of Lot From Right-Of-Way: _____

Property Owner Information
Name: _____ Phone: _____
Address: _____
City / State / Zip: _____

Type of Property:
___ Business ___ Manufacturing ___ Residence (number of units) _____

Purpose for Application (check all that apply):
___ New Construction ___ Demolition ___ Rezoning ___ Variance ___ Appeal
___ Remodel (description) _____ ___ Conditional Use ___ Accessory Use
___ Garage, Carport ___ Storage Building ___ Deck ___ Patio ___ Fence ___ Swimming Pool ___ Sign

Attach a drawing of the lot showing existing buildings and proposed construction or use for which this application is made. Fill in all dimensions, and indicate which direction is north.

Building Description (if applicable):
Total Square Footage _____ 1st Floor _____ 2nd Floor _____
(Usable floor space designed for use as living quarters exclusive of basements, porches, garages, and attics.)
Building Dimensions: Width _____ Depth _____ Height above grade _____
Setback from centerline of road: _____ ___ North ___ South ___ East ___ West
Rear yard clearance to property line: _____ ___ North ___ South ___ East ___ West
Side yard clearance to property line: _____ ___ North ___ South ___ East ___ West
Side yard clearance to property line: _____ ___ North ___ South ___ East ___ West
Off street parking (total square footage, commercial applications only): _____

The Undersigned hereby applies for a zoning certificate, to be issued on the basis of the representation contained herein, all of which the applicant swears to be true. The applicant further agrees to conform to all zoning regulations in force on the date of the application for the area represented. The permit shall expire and may be revoked if work has not begun within one (1) year or substantially completed within two and one-half (2 1/2) years. Please note: applicant may need to contact the Pickaway County Building Department for additional permit.

Applicants Signature: _____ Date: _____ Fee Paid: _____

Zoning Certificate is: ___ Approved ___ Denied
Zoning Inspector Signature: _____ Date: _____
If denied, reason for denial: _____