



## ZONING CERTIFICATE & CERTIFICATE OF COMPLIANCE PERMIT APPLICATION: CHAPTER #1127

Application Number: \_\_\_\_\_ Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FEES:**

Base Fee Single Family Residence: \$100

Base Fee All Other Uses: \$200

Total Fee Amount: \$ \_\_\_\_\_ Paid: Check # \_\_\_\_\_ / Cash: \$ \_\_\_\_\_

1. Applicant: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
2. Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. E-mail Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_
4. Existing Use of Property: \_\_\_\_\_
5. Proposed Use of Property: \_\_\_\_\_
6. Number and Dimensions of Existing and Proposed Off-Street Parking or Loading Spaces, Applicable: \_\_\_\_\_ & Sq. Ft. Per Space: \_\_\_\_\_
7. Contractor Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
8. Number of Dwelling Units: \_\_\_\_\_ Square Footage of Unit: \_\_\_\_\_
9. Height of Proposed Buildings or Alterations: \_\_\_\_\_
10. Yard Dimensions: Front: \_\_\_\_\_' Rear: \_\_\_\_\_' Left Side: \_\_\_\_\_' Right Side: \_\_\_\_\_'
11. Percentage of Lot to be covered: \_\_\_\_\_% Area of Lot: \_\_\_\_\_ sq. ft.
12. Estimated Cost of Unit: \$ \_\_\_\_\_

Certificate of Zoning Compliance Required. It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises, or both, or part thereof hereafter created, erected, changed, converted, or wholly or partly altered or enlarged in its use or structure until a Certificate of Zoning Compliance shall have been issued therefor by the Zoning Inspector stating that the proposed use of the building or land conforms to the requirements of this Ordinance.

Application for Certificate of Zoning Compliance. Certificates of Zoning Compliance shall be applied for by the applicant giving written notice to the Zoning Inspector that the exterior erection or structural alteration of such building shall have been completed in conformance with the provisions of this Ordinance.

**IN ADDITION, THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION:**

- A set of one (1) of scale plans and dimensioned drawings showing the lot, with location of existing and proposed buildings their height and planned alterations are required.
- Attach any requested, supplemental or necessary documentation such as: Number of dimensions of existing and proposed off-street parking or loading spaces, applicable. Other material may be requested by the Zoning Inspector to determine conformance with and provide for the enforcement of this ordinance.
- For all new businesses or change of business use, for all commercial buildings with interior remodeling projects you are required to notify the Johnstown Monroe Fire Inspector at (740) 967-2976 of business and interior structure changes. A Licking County Building Department Permit is required for all structural changes, electrical, HVAC and plumbing. Their contact number is (740) 349-6671. (Ask for Heidi or Erin)

*The undersigned is applying for a Zoning Permit for the following use to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true & correct and agrees to follow all applicable regulations.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY:**

Date Received in Office: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Permit was Approved Issued on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit was Denied on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Zoning Code Enforcement Official: x \_\_\_\_\_  
or City Manager.

Additional comments or requirements:

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