

Application for Certificate of Zoning Compliance

Elizabeth Township Miami County, Ohio Application Number _____

Location of Project: R _____ T _____ Section _____ Subdivision _____

Project: Construct ____ Add To ____ Change of Use ____ Install ____ Move ____ Wreck ____

Owner: _____ Address: _____

Name and Address of Constructor _____

Dimensions of Structure: Frontage _____ Ft. Depth _____ Ft. Height _____ Ft.

Total Square Feet that includes living area, garages, breezeways, and porches _____

Intended Use _____ Estimated Cost of Construction _____

Type of Construction: Frame ____ Brick ____ Block ____ Concrete ____ Metal ____ Other _____

Lot Dimensions: Frontage _____ Ft. Depth _____ Ft.

Boundary Clearance: Set Back _____ Ft. Left _____ Ft. Right _____ Ft. Rear _____ Ft.

Utilities: Approved by County ____ State ____ Health Department Date Approved _____

Septic System: ____ Well ____ Central Sewer ____ Central Water ____

Zoning Map Page Number _____ Present Zoning District _____ Acres _____

Notice: The applicant hereby certifies under penalty of perjury that he/she has read the information contained in the foregoing application and that it is true. Applicant further understands that he/she must comply with all requirements of Elizabeth Township, Miami County Zoning Resolution, and all applicable statutes and resolutions of the State of Ohio and Miami County.

Date of Application ____/____/____ Applicant _____

State of Ohio, Miami, 55. Sworn to and subscribed in my presence this _____ day of

_____ 20 _____

Notary Public

My commission expires _____, 20_____

The above application is Approved / Disapproved and this certificate is void if construction is not underway within six (6) months after the date of issue. If disapproved, statement will be attached.

By _____

Zoning Inspector Miami County