ZONING PERMIT APPLICATION

Tate Township, Clermont County, Ohio

146 N. East Street, Bethel, OH 45106

STEP 1: PROPERTY AND CONTACT INFORMATION

Address of Property: _____ City: _____ Zip: _____

Property Owner: _____ Phone: _____ Email: _____

Owner Address (if different): _____ City: _____ Zip: _____

Name of Contractor: _____ Phone: _____ Email: _____

Parcel Number: _____ Acreage of Property: _____ Project/Construction Cost: $ _____

STEP 2: PROPOSED CONSTRUCTION

Proposed Structure / Building / Use: _____

☐ New Construction ☐ Accessory Building ☐ Deck/Patio ☐ Addition ☐ Bldg. Conversion ☐ New Street Address

☐ Fence ☐ Pool _____ (Above/Inground) ☐ Business _____ (Comm./Industrial.) ☐ Site Plan Review ☐ Other

Setbacks: FRONT(to Right-of-Way): _____ ft; REAR _____ ft; SIDE 1 _____ ft; SIDE 2 _____ ft.

STEP 3a: NEW BUILDINGS AND ADDITIONS (*RFA - Residential Floor Area – MIN. 1400 ft^2)

Total Building Footprint: ____ ft^2; Total RFA* (all floors): ____ ft^2; Max. Building Height (Typ. Ridge): ____ft.

STEP 3b: FENCES, DECKS AND POOLS (Please attach construction drawings and plot plan)

Fence Height: _____ft ; Fence Length(incl. Gate): _____ft ; Deck Area: ___ ft^2 ; Pool Area: _____ ft^2

STEP 3c: SIGNS (Please attach construction drawings and plot plan)

Total Area of Existing G*round S*igns _____ , W*all* Signs _____ , O*ther* Signs _____

Area of Proposed Sign _____ Height of Sign _____ Lot Frontage _____

Other information required:

1. New construction must have a Septic Permit issued by the Clermont County Board of Health.
2. New construction must have a driveway permit issued by the Clermont County Building Dept.
3. Plot plan of property including existing buildings, proposed buildings, well, and septic.
4. Copy of construction drawings.
5. The building must be staked for inspection of setbacks.

I hereby certify that all the information supplied in this application and attachments are true and correct to the best of my knowledge, information and belief. I hereby consent to the inspection of the subject property and of any buildings or structures to be constructed thereon by the township zoning inspector. I hereby acknowledge that I understand that if the construction or use described in the zoning certificate has not begun or is not substantially pursued within one year from the date of issuance, said zoning certificate shall become null and void. All construction shall be completed within two years.

_____ _____ _____ _____

Applicant Signature Date Property Owner Signature Date

(if not applicant)

NOTE: DENIAL OF A ZONING CERTIFICATE MAY BE APPEALED WITHIN 20 DAYS BY FILING AN APPLICATION FOR A BZA HEARING WITH THE ZONING INSPECTOR

**** * * Office Use Only Below This Line * * ****

This application has been ____**APPROVED** ____**REJECTED** for issuance of a Zoning Certificate by the Tate Township Zoning Inspector.

_____ _____

Tate Township Zoning Inspector Date

Date: _____ *Permit No.:* _____ *Fee Paid:* _____ *Cash / Check No.:* _____