

HUNTINGTON TOWNSHIP

45955 State Route 162
WELLINGTON, OH 44090
440-828-0021

APPLICATION FOR ZONING CERTIFICATE

Return completed form to address listed above.

Date: _____

Permit Number (Office Use): _____

The undersigned hereby applies to the Huntington Township Board of Trustees, Lorain County, Ohio, for a zoning certificate for the following use, to be used on the basis of the representations herein contained, all of which the applicant swears to be true.

Land Owner's Name & Address: _____

_____ Email Address: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Location of Property (if different): _____

1. Proposed Use:

- Residence Number of Families _____ Addition Garage
- Accessory Building Remodeling Deck Swimming Pool
- Pond New Business Conditional Use Business

2. Plot plan must be attached, showing the main road, existing buildings, proposed construction with all dimensions, and indicate the direction as to, Northerly direction.

Road frontage (in feet): _____ Lot Size (in feet): Width _____ Depth (in feet) _____ Acres _____

Set Back from Center Line of Road (in feet): _____ Direction the building faces: N__ E__ S__ W__

Side & Back Yard Clearances (in feet): Side 1: N E S W _____ Side 2: N E S W _____ Back: N E S W _____

Dimensions of Building (in feet): Width _____ Depth _____ Height _____

Number of Stories: _____ Garage Area (in square feet) _____

Residence/Building Area (in square feet): Basement _____ First/Ground Floor: _____ Second Floor _____

3. Parcel ID: _____ Valuation: _____ Fee (\$): _____

Lorain County Health Dept. Permit Number (if required): _____ Date of Issue: _____

Remarks:

Signature of Applicant: _____ Date: _____

Zoning Certificate: Upon the basis of the above application, the statements in which are made a part thereof, the proposed usage is found to be in accordance with township zoning resolutions and is hereby approved for the following district:

District: _____ Date of Approval: _____

Township Zoning Inspector: _____ Zoning Board of Appeals (if applicable): _____

THIS ZONING CERTIFICATE IS GOOD FOR ONE (1) YEAR FROM DATE OF ISSUE