



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: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Contractor's Phone Number \_\_\_\_\_

Zoning Certificate is: \_\_\_ Approved \_\_\_ Denied
Zoning Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_
If denied, reason for denial: \_\_\_\_\_