

# NON-RESIDENTIAL ZONING PERMIT APPLICATION

GENOA TOWNSHIP DEVELOPMENT & ZONING OFFICE (614) 899-0725 PHONE, (614) 895-1255 FAX  
 5111 S. OLD 3C HWY., WESTERVILLE, OHIO 43082, [WWW.GENOATWP.COM](http://WWW.GENOATWP.COM)

PERMIT NUMBER: \_\_\_\_\_

PLEASE DO NOT FILL IN SHADED AREAS

TYPE:  NEW BUILDING  ADDITION  ACCESSORY  TEMPORARY FACILITY  TOWER / ANTENNA  OTHER \_\_\_\_\_

PROPERTY OWNER(S): \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

DEVELOPER/CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION NAME (IF APPLICABLE): \_\_\_\_\_ LOT NUMBER(S): \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

ZONING DISTRICT(S):  RURAL RESIDENTIAL (RR)  SUBURBAN RESIDENTIAL (SR)  PLANNED COMMUNITY FACILITIES (PCF)  
 COMMUNITY BUSINESS (CB)  PRD (RESIDENTIAL)  PCD (COMMERCIAL)  PID (INDUSTRIAL)  LI (INDUSTRIAL)

PRESENT USE(S):  RESIDENTIAL  COMMERCIAL  INDUSTRIAL  INSTITUTIONAL  AGRICULTURAL  OTHER: \_\_\_\_\_

DESCRIPTION OF REQUEST (INCLUDING PROPOSED DIMENSIONS): \_\_\_\_\_

PROPOSED SETBACKS: MEASUREMENT:	CODE ALLOWS:	LOT COVERAGE:
FRONT YARD: _____ FEET	_____	PRINCIPAL BUILDING: _____ SQ. FT.
RIGHT SIDE YARD: _____ FEET	_____	ACCESSORY BUILDINGS: _____ SQ. FT.
LEFT SIDE YARD: _____ FEET	_____	SUBTOTAL: _____ SQ. FT.
REAR YARD: _____ FEET	_____	*OTHER: _____ SQ. FT.
SETBACK OTHER BUILDINGS: _____ FEET	_____	TOTAL: _____ SQ. FT.
		<small>*INCLUDES DRIVEWAYS, SIDEWALKS AND OTHER STRUCTURES.</small>
PROPOSED HEIGHT: _____ FEET	CODE ALLOWS: _____	NUMBER OF PARKING SPACES
NUMBER OF STORIES: _____	_____	PROVIDED: _____

**SUBMISSION REQUIREMENTS:**

- SITE PLAN - DRAWN TO SCALE INDICATING THE SIZE AND LOCATION OF ALL EXISTING AND PROPOSED IMPROVEMENTS.
- HEALTH DEPT. LETTER FOR LOTS WITH SEPTIC – (740) 368-1700.
- APPLICATION FEE PER FEE SCHEDULE.
- CERTIFIED ADDRESS FROM DELAWARE COUNTY MAP ROOM – (740) 833-2450.

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE. I AGREE THE IMPROVEMENT WILL COMPLY WITH PROVISIONS OF THE ZONING RESOLUTION OF GENOA TOWNSHIP.

SIGNATURE OF OWNER(S)/AGENT \_\_\_\_\_ OWNER(S)/AGENT'S NAME PRINTED OR TYPED \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

COMPLETE APPLICATION:  YES  NO REVIEWED BY: \_\_\_\_\_

**THE APPLICANT MUST COMPLY WITH THE FOLLOWING CONDITIONS:**

- CALL BEFORE YOU DIG – OHIO UTILITIES PROTECTION SERVICE – (800) 362-2764
- TRASH AND OTHER WASTE MUST BE CONTAINED ON-SITE AND DISPOSED OF REGULARLY.
- REQUIRES DELAWARE COUNTY CODE COMPLIANCE APPROVAL – (740) 833-2200
- REQUIRES DELAWARE SOIL & WATER CONSERVATION DISTRICT APPROVAL – (740) 368-1921
- FOUNDATION SURVEY REQUIRED – MUST BE SUBMITTED TO OUR OFFICE PRIOR TO FRAMING.
- BUILDING / PROPERTY MUST BE IDENTIFIED WITH STREET NUMBERS PER SECTION 1802.
- COMMERCIAL OR BUSINESS USE PROHIBITED, IN ACCORDANCE WITH SECTION 1708(F).
- A CERTIFICATE OF ZONING COMPLIANCE (COC) IS REQUIRED PRIOR TO USE OF THE STRUCTURE.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

ACTION:  APPROVED  DENIED DATE OF ACTION: \_\_\_\_\_

IF CONSTRUCTION DOES NOT BEGIN WITHIN SIX (6) MONTHS OF THE ISSUANCE DATE OF THIS PERMIT, THIS PERMIT IS NO LONGER VALID. CHANGES TO PLANS MAY REQUIRE A REVISED PERMIT. OTHERWISE, THIS PERMIT IS VALID FOR TWELVE (12) MONTHS.

SIGNATURE: \_\_\_\_\_

THIS IS A DOCUMENTED RECEIPT OF ANY SUBMITTED APPLICATION FEE(S).

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

TYPE OF PAYMENT:

- CASH
- CHECK # \_\_\_\_\_
- CREDIT CARD

PAYMENT AMOUNT: \$ \_\_\_\_\_

**ZONING PERMIT**

**PAYMENT RECEIPT**