RESIDENTIAL NEW-BUILD 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

PERMIT NUMBER: _____

PLEASE DO NOT FILL IN SHADED AREAS

CHECK ONE: ☐ NEW SINGLE-FAMILY HOME ☐ NEW CONDO ☐ REVISION

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) ☐ PRD (PLANNED RESIDENTIAL) ☐ OTHER: _____

PRESENT USE(S): ☐ RESIDENTIAL ☐ INSTITUTIONAL ☐ AGRICULTURAL ☐ OTHER: _____

DESCRIPTION OF REQUEST (INCLUDING PROPOSED DIMENSIONS): _____

PROPOSED SETBACKS:	MEASUREMENT:	CODE ALLOWS:
FRONT YARD:	_____ FEET	_____
RIGHT SIDE YARD:	_____ FEET	_____
LEFT SIDE YARD:	_____ FEET	_____
REAR YARD:	_____ FEET	_____
SETBACK OTHER BUILDINGS:	_____ FEET	_____
		CODE REQUIRES:
ATTACHED GARAGE:	_____ PARKING SPACES	____TWO (2)____
1ST FLOOR FINISHED AREA:	_____ SQ. FT.	_____
2ND FLOOR FINISHED AREA:	_____ SQ. FT.	_____

LOT COVERAGE:

HOUSE + GARAGE: _____ SQ. FT.

ACCESSORY BUILDINGS: _____ SQ. FT.

SUBTOTAL: _____ SQ. FT.

*OTHER: _____ SQ. FT.

TOTAL: _____ SQ. FT.

CODE ALLOWS: _____

_____

INCLUDES DECKS, PATIOS, DRIVEWAYS, SIDEWALKS, POOLS AND OTHER STRUCTURES.

PROPOSED HEIGHT: _____ _____ FEET

CODE ALLOWS: _____

SUBMISSION REQUIREMENTS:

- ☐ SITE PLAN - DRAWN TO SCALE INDICATING THE SIZE AND LOCATION OF ALL EXISTING AND PROPOSED BUILDINGS AND IMPROVEMENTS.
- ☐ HEALTH DEPT. LETTER FOR LOTS WITH SEPTIC – (740) 368-1700
- ☐ $300 APPLICATION FEE FOR NEW HOME OR $150 FOR NEW CONDO
- ☐ 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

ZONING PERMIT

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: _____

PAYMENT RECEIPT

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

DATE RECEIVED: _____

RECEIVED BY: _____

TYPE OF PAYMENT:

- ☐ CASH
- ☐ CHECK #____
- ☐ CREDIT CARD

PAYMENT AMOUNT:

$ _____

ADOPTED: 06/26/11