

**CITY OF CIRCLEVILLE ZONING PERMIT** ZONING PERMIT # \_\_\_\_\_ VARIANCE # \_\_\_\_\_ OTHER # \_\_\_\_\_

APPLICANT'S OR AGENT FOR APPLICANT'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

APPLICANT'S/AGENT'S ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

SUBDIVISION: \_\_\_\_\_ LOT#: \_\_\_\_\_ TAX PARCEL #: \_\_\_\_\_

(TAX PARCEL INFORMATION MUST BE PROVIDED AND CAN BE OBTAINED FROM YOUR PROPERTY TAX BILL OR BY CALLING THE PICKAWAY COUNTY AUDITOR'S OFFICE AT 474-4765 OR AT THEIR WEB SITE [HTTP://PICKAWAY.VIEWAUDITOR.COM](http://pickaway.viewauditor.com))

PRESENTLY ZONED: \_\_\_\_\_ PRESENT USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

(IF DOING THE WORK YOURSELF, INDICATE SO. IF CONTRACTING, CONTRACTOR MUST BE LICENSED WITH THE PICKAWAY COUNTY BUILDING DEPARTMENT - CONTACT THE BUILDING DEPARTMENT AT 477-8282 FOR FURTHER INFORMATION.)

**BUILDING AND LOT DATA: A SCALED PLOT PLAN MUST BE PROVIDED**

BUILDING SIZE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_ CORNER LOT: YES \_\_\_\_\_ NO \_\_\_\_\_ LIVING AREA: \_\_\_\_\_ SQ. FT.

NUMBER OF DWELLING UNITS: \_\_\_\_\_ CHECK ONE: NEW \_\_\_\_\_ ADDITION \_\_\_\_\_ OTHER \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_ APPROXIMATE COST OF CONSTRUCTION: \$ \_\_\_\_\_

(HOME, GARAGE, SHED, ROOM ADD., ETC.)

**YARD SETBACK DEPTHS**

FRONT YARD: \_\_\_\_\_ FT. REAR YARD: \_\_\_\_\_ FT. SIDE YARDS: LEFT \_\_\_\_\_ FT. RIGHT \_\_\_\_\_ FT.

THE PROPERTY OWNER/AGENT/APPLICANT MUST SUPPLY A LEGAL DESCRIPTION OF THE PROPERTY, AS RECORDED IN THE PICKAWAY COUNTY RECORDER'S OFFICE. LEGAL DESCRIPTION ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_

***PLEASE READ AND VERIFY BY SIGNATURE***

**THE FOLLOWING ITEMS ARE THE APPLICANT/AGENT/PROPERTY OWNER'S RESPONSIBILITY.**

1. ASSURE THAT NO STRUCTURE IS BUILT ON ANY PUBLIC EASEMENT OR RIGHT OF WAY.
2. LOCATE AND VERIFY PROPERTY LINES TO ASSURE THAT THE PLOT PLAN SUBMITTED WITH THIS APPLICATION ACCURATELY REFLECTS THE SETBACK DIMENSIONS FROM THOSE PROPERTY LINES. WHERE COMPLETE AND ACCURATE INFORMATION IS NOT READILY AVAILABLE FROM EXISTING RECORDS, THE ZONING INSPECTOR MAY REQUIRE THE APPLICANT TO FURNISH A SURVEY OF THE LOT. SURVEY MUST BE COMPLETED BY A REGISTERED SURVEYOR. ALL NEW CONSTRUCTION WILL REQUIRE A SURVEY.
3. VERIFICATION THAT THE DEED AND/OR PLAT DOES NOT CONTAIN ANY RESTRICTIONS AGAINST SUCH CONSTRUCTION ACTIVITY.

**BY SIGNATURE, I HEREBY ATTEST TO THE TRUTH AND EXACTNESS OF ALL INFORMATION PROVIDED ABOVE:**

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT/AGENT/OWNER: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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FEE COLLECTED: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

FLOOD PLAIN: YES \_\_\_\_\_ NO \_\_\_\_\_ HISTORIC DISTRICT: YES \_\_\_\_\_ NO \_\_\_\_\_

SUBDIVISION GRADING PLAN TO BE USED: YES \_\_\_\_\_ NO \_\_\_\_\_

IF APPROVED, THIS PERMIT IS CONDITIONED UPON OBTAINING ALL OTHER REQUIRED PERMITS AND IS VALID FOR A PERIOD OF **ONE-YEAR** ONLY. THIS PERMIT WILL BE REVOKED IF CONSTRUCTION IS NOT COMPLETED WITHIN A **ONE-YEAR** PERIOD.

ON \_\_\_\_\_, THIS PERMIT WAS APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

IF APPROVED, THIS IS TO CERTIFY THAT THE STRUCTURE AND/OR USE NAME AND DESCRIBED IN THE ABOVE APPLICATION COMPLIES WITH THE LATEST ZONING ORDINANCE OF THE CITY OF CIRCLEVILLE.

ZONING INSPECTOR: \_\_\_\_\_

**INSPECTION REPORT**

STATUS OF PROJECT:

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**YARD SETBACKS**

FRONT \_\_\_\_\_ FT    REAR \_\_\_\_\_ FT    SIDE R \_\_\_\_\_ FT / L \_\_\_\_\_ FT

DATE \_\_\_\_\_    INSPECTOR \_\_\_\_\_

**COMMENTS**

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