

APPLICATION FOR ZONING CERTIFICATE

Village of Baltic
102 West Main Street
Baltic, Ohio 48304
330-897-4464

No. _____

Date Received _____

Fee Paid: _____

APPLICANT/OWNER _____

ADDRESS _____

JOB ADDRESS _____

LOT WIDTH _____ Ft. LOT DEPTH _____ Ft. LOT AREA _____ Sq. Ft.
(Width x Depth of lot)

COST OF IMPROVEMENT \$ _____ PROJECT _____

GENERAL CONTRACTOR: _____

Name

Address

Phone

PLUMBING CONTRACTOR: _____

Name

Address

Phone

SEWER CONTRACTOR: _____

Name

Address

Phone

COMPLETE THE FOLLOWING SECTION APPROPRIATE TO YOUR REQUEST:

RESIDENTIAL: Single Family () Two-Family () Three Family () Multi-Family ()

New Construction () Addition () Garage () Accessory Building ()

PROPOSED SETBACKS: Front _____ ft. Right _____ ft. Left _____ ft. Rear _____ ft.

PROPOSED HEIGHT OF BUILDING _____ Ft. OR _____ Stories

PROPOSED NUMBER OF PARKING SPACES PROVIDED _____ (ALL SPACES MUST COMPLY WITH _____)

SIZE OF WATER LINE REQUIRED _____ (Consult with Board of Public Affairs as Necessary)

ATTACH A PLAT PLAN TO SHOW THE LOCATION AND TYPE OF BUILDINGS TO BE ERECTED OR ALTERATION TO BE MADE.

I, hereby apply for a permit to erect or construct the structure herein described and declare that the information provided on this application to be true and correct to the best of my knowledge. A permit granted from the statements made on this application will become void if it is found that these statements are untrue.

SIGNATURE: _____ DATE _____

OFFICE USE ONLY

APPROVED BY

Zoning Inspector _____ **Date** _____

Street Superintendent _____ **Date** _____

Fiscal Officer _____ **Date** _____

Water Superintendent _____ **Date** _____

Sewer Superintendent _____ **Date** _____

Fire Chief _____ **Date** _____

TO BE COMPLETED BY VILLAGE STAFF

UTILITIES DIRECTOR: IS SEWER AVAILABLE? Yes () No () **Comments** _____

ZONING INSPECTOR: ARE SETBACKS CORRECT? Yes () No () _____% of Lot Coverage **Plat Plan/Drawings filed:** _____

Refused _____ **Date** _____ **Reason** _____

IS A VARIANCE NECESSARY? Yes () No () **IF YES, COMPLETE APPLICATION FOR VARIANCE**

ACTION OF BOARD OF ZONING APPROVAL _____ **DATE OF BOARD ACTION** _____

IS A CONDITIONAL USE APPROVAL NECESSARY? Yes () No () **IF YES, COMPLETE CONDITIONAL USE PERMIT APPLICATION**

ACTION BY PLANNING COMMISSION _____ **DATE OF ACTION** _____

COMMENTS: _____

NOTE: Any changes made to water or sewer hook ups must be given in writing to Village Hall as a permanent record, as well as any easement involving this project.