*CITY OF EATON INSPECTION & ZONING*

**CERTIFICATE OF ZONING COMPLIANCE APPLICATION**

**ADDRESS:** 328 North Maple Street **PHONE:** 937-456-7155

Eaton, OH 45320-0027 **FAX:** 937-472-5681

**EMAIL:** [ebd@cityofeaton.org](mailto:ebd@cityofeaton.org)

**THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY**

**TO BE ACCEPTED FOR PROCESSING**

The undersigned owner(s)/applicant(s) of/for the following property hereby submit this application requesting a Certificate of Zoning Compliance, as specified below:

1) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Applicant(s): mailing address & C / S / Z: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4) Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(home OR cell OR fax)

5) Applicant email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) **Address of subject property:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) Lot number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8) Current zoning district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9) Current use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10) Proposed use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11) Type of sewage disposal (if applicable): City \_\_\_\_\_\_\_ Private \_\_\_\_\_\_\_

12) Building information (if applicable): # of stories: \_\_\_\_\_\_\_ building height \_\_\_\_\_\_\_ building area \_\_\_\_\_\_\_\_\_\_\_\_

13) Number of off-street parking spaces provided (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following items must be submitted with this application – WILL ADVISE IF ANY OR ALL ARE NEEDED:**

\_\_\_\_\_ A. If the applicant(s) is/are not the owner of the subject property, a notarized letter of authorization from the owner(s), designating the applicant(s) are his/her/their representative.

\_\_\_\_\_ B. **Legal description** of the property where the use is requested – either a deed of a drawing prepared by a surveyor registered with the State of Ohio.

\_\_\_\_\_ C. A **vicinity map** showing property lines, thoroughfares, existing zoning and existing uses on the subject property, and zoning and existing uses on surrounding properties.

\_\_\_\_\_ D. The **application fee.**

\*\*A CZC shall become void at the expiration of one (1) year after the date of issuance unless construction has begun. If no construction has begun or the use has changed within one (1) year of the date of the certificate, a new application and certificate shall be required. Construction is deemed to begin when all necessary excavation and piers or footings one or more principal buildings included on the plan have been completed.\*\*

\*Please be advised that the submission of additional supporting information may be required.\*

\*\*The applicant(s) should check with the City of Eaton Inspection & Zoning Office in regards to any building code requirements or other permits as required by the State of Ohio and/or City Codes. Acceptance and/or approval of this application is not a guarantee against a change in development requirements or standards due to unforeseeable circumstances once the project and/or construction begins. The applicant(s) is/are advised to consult with a specialist as needed.\*\*

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Signature of applicant(s)

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

**PRINTED** name of applicant(s)

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**OFFICE USE ONLY**

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zoning permit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_