

VIOLET TOWNSHIP
APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

PART I – General Information

Applicant Name _____ Phone No. _____

Address _____

City _____ State _____ Email Address: _____

Owner Name _____ Phone No. _____

Address _____ Email Address: _____

Location of Subject Property: _____ Parcel Number: _____

Subdivision _____ Lot Number _____

Existing Use of Property _____ Existing Zoning _____

Proposed Use or Construction - Describe _____

PART II

Usable floor space as living quarters exclusive of basements, porches, garages, breezeways, terraces, attics or partial stories.

1st floor Sq. Ft. _____ 2nd floor sq. ft. _____ Garage Sq. Ft. _____ Total Living Area sq. ft. _____

Number of Stories _____ Height _____ Off-street parking sq ft. _____

Dimensions of proposed construction: Length _____ Width _____ Height _____

Accessory Bldg. Sq. Ft. _____ Total No. Accessory Buildings and Combined Sq. Ft. _____

Part III – Site Plan Requirements

The applicant shall submit two (2) copies of a site plan drawn to scale showing the following:

- (a) The actual dimensions of the lot including easements;
- (b) The exact size and location of all existing buildings (all accessory buildings and their dimensions must be shown) on the lot; as well as existing and intended uses for the land and buildings;
- (c) The proposed new construction;
- (d) The applicant must present written evidence from the Board of Health prior to zoning compliance to ensure that the new accessory structure does not interfere with the proper operation and maintenance of the on-site sewage system.
- (e) The applicant must submit structural plans for any commercial structure for review by the Fire Department prior to zoning compliance.
- (f) During construction the contractor must provide a trash bin or dumpster on lot for purpose of containing discarded building materials and other trash.

(g) Lot Size _____ Lot Coverage Sq. Ft. _____
 Main Road Frontage _____ Lot Depth _____
 Front Setback _____ Rear Yard Setback _____
 Side Yard Setbacks: Left _____ Right _____

PART III – Review Procedure

No existing or new building shall be changed in its use in whole or in part until a zoning permit is approved by the Zoning Inspector. The Zoning Inspector shall have up to fourteen (14) days to review the application and may consult technical agencies prior to approval.

PART IV – Applicant’s Affidavit

Application is hereby made for a certificate of zoning compliance. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact or expression of fact in the application, either with or without intention on part of the applicant, such as might, or would, operate to cause the issuance of a permit in accordance with this application, shall constitute sufficient ground for the revocation of the certificate of zoning compliance at any time.

 Applicant’s Signature

 Date

 Owner’s Signature

 Date

Note: No construction shall be allowed within right-of-way until the Violet Township Engineer has approved a “Permit to Work in Right-of-Way”. The Violet Township Road Department is authorized to stop any and all construction taking place within the right-of-way of any Violet Township Road, unless the “Permit to Work in Right-of-Way” has been issued.

FOR OFFICE USE ONLY

Date Received _____ Fee Pd. _____ Receipt No. _____ Date _____

Comments: _____

Action Taken on Application _____

Date of Action _____

 Violet Township Zoning Inspector



VIOLET TOWNSHIP
ZONING & BUILDING DEPARTMENTS
 10190 Blacklick-Eastern Rd NW
 Pickerington, Ohio 43147
 (614) 575-5556 Fax (614) 575-5562
 Email: permitting@violet.oh.us

Permit No. _____
 Date _____

Application for Plan Review and Building Permit

Site Address _____

Lot # _____ Subdivision/Parcel # _____ Dev. Permit # _____

Description of Project _____

Zoning District _____ Project Cost \$ _____

Application Date __/__/____ Estimated Start Date __/__/____ Estimated Finish Date __/__/____

Type of Improvement: New Construction Addition Alteration Repair/Replacement
 Change of Use Other (*Please Specify*) _____

Application for: Blanket Residential Residential Addition/Alteration/Accessory Structure Demolition
 Building (Structural) Sign Foundation Start Fire Suppression Plumbing Mechanical
 Electrical Fire Alarm Industrialized-Unit Other (*Please Specify*) _____

Residential: One Family Two Family Three Family Four or more Family Mobile Home

Commercial: OBC Use Group: _____ Mixed Use: Yes No *If Yes; Separated:* Yes No
 Construction Type: IA IB IIA IIB IIIA IIIB IV VA VB

Owner _____ Email _____
 Address _____
 Telephone _____ Fax _____ Mobile _____

Applicant _____ Email _____
 Address _____
 Telephone _____ Fax _____ Mobile _____

Contractor _____ Email _____
 Address _____ Contractor Registration # _____
 Telephone _____ Fax _____ Mobile _____

Design Professional _____ Email _____

Architect Engineer Registration # _____

Address _____

Telephone _____ Fax _____ Mobile _____

Building Area

| Square Feet Area | New & Additions | Alterations | Change of Use | Occupancy Loads |
|-------------------------------|-----------------|-------------|---------------|-----------------|
| Basement | | | | |
| First Floor | | | | |
| 2, 3, 4 Floors, etc. | | | | |
| Garage, shed, deck, etc. | | | | |
| Total Area Square Feet | | | | |

Building Permit

Residential Commercial Other _____

of Rooms: _____ # of Bedrooms: _____ Basement: Block Poured Wood Other

of Buildings: _____ # of Units: _____ # of Full Baths: _____ # of 1/2 Baths: _____

of Stories: _____ Height in feet: _____ A/C: Yes No Elevator: Yes No

Electrical Permit

Residential Commercial Temporary Service New Service Addition/Alteration

Replacement/Repair Hot Tub Mobile Home Service Other _____

Voltage: _____ Phase: _____ Service Conductors: _____ / Set # of Sets: _____ # of Meters: _____

of Main Disconnects: _____ # of Fixtures, Switches, Outlets, etc.: _____ # of Sub-Panels, Disconnects, etc. _____

Fire Alarm

Alarm System: Yes No # of Devices: _____

Type: Local Central Station Remote Station Proprietary Other _____

Fire Suppression

Sprinklers Hood Suppression Limited Area

Type of system: Wet Dry Anti-freeze Chemical Other _____

of Heads: _____ # of Standpipes: _____ # of Risers: _____

Plumbing Permit

Type of System: Municipal Private # of Fixtures: _____

HVAC Permit

Brand of Heating System: _____ # of Units _____ Output (BTU/HR): _____ Tons: _____

Model of Heating System: _____ Fuel Type: _____ # of Outlets: _____

Brand of Cooling System: _____ Forced Air Radiant Gravity Condensing Unit
 Model of Cooling System: _____ Heat Pump Boiler/Steam Infrared
 Cooling Tower Evaporation Cooler
 Type: Residential Commercial New Addition Alteration Replacement/Repair
 Fireplace Type: Masonry Manufactured Insert Stove Solid Fuel Gas Logs

Demolition Permit

Structure(s) to be Moved Demolished Other _____ Total square footage of building(s): _____
 Most recent use of building(s): Residential Non-Residential
 Proposed use of site following demolition: _____

Sign Permit

Sign Height: _____ Feet _____ Inches Sign Face Width: _____ Sign Face Height: _____ Sign Face Area: _____
 Is there a comprehensive sign plan for this site? Yes No
 Type: Wall Ground Projection Awning Canopy Subdivision Face Replacement
 Other: _____
 Characteristics: Double Faced Permanent Temporary Illuminated Non-Illuminated
 On-Premise Off-Premise Other: _____

Swimming Pool Permit

Swimming Pool Type: Above-Ground In-Ground Outdoor Indoor
 Size: _____ Feet by _____ Feet or Diameter: _____ Feet Total Square Footage: _____
 Does pool have a deck/walkway/apron around it? Yes No
 How is pool protected? (4-ft. minimum barrier required) Fenced Yard Built-in Guardrail

Certification

I fully understand that no excavation, construction, or structural alteration, electrical or mechanical installation or alteration of any building, structure, sign, or part thereof and no use of the above shall be undertaken or performed until the permit for herein has been approved and issued by the Violet Township Building/Zoning Department.

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

Signature of Applicant: _____ Date: _____
 Print Name: _____

Hold/Date: _____ Incomplete Complete Approved Disapproved
 Reason: _____ Building Official: _____
 Plans Examiner: _____