



## ZONING CERTIFICATE AMENDMENT

Marion Township  
Hancock County, Ohio

APPLICATION # \_\_\_\_\_

### MISCELLANEOUS "OTHER" USES

*The applicant has applied for a Zoning Certificate (permit) for an addition to their property. The permit will be issued/not issued based on the information contained within this application. By signing this document, you are certifying that all information on this application is true and correct.*

**NOTE: A set-back inspection is required BEFORE concrete is poured!**

Please Print

NAME OF OWNER: \_\_\_\_\_

ADDRESS FOR ZONING PERMIT: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

OWNER CONTACT: Cell \_\_\_\_\_ Home # \_\_\_\_\_ Email \_\_\_\_\_

LOCATION: Description/Sub-Division (if applicable) \_\_\_\_\_

Lot # \_\_\_\_\_ Parcel # \_\_\_\_\_ Zoning District \_\_\_\_\_ Existing Use \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

Company Name                      Address                      Zip                      Contact Name & Phone

SIGN: Type \_\_\_\_\_ Height \_\_\_\_\_ SF \_\_\_\_\_ USE \_\_\_\_\_

SWIMMING POOL: Above Ground Size \_\_\_\_\_ Below Ground Size \_\_\_\_\_

Fence Height \_\_\_\_\_ (Must be minimum of (4) Ft. with a lockable gate)

OTHER ADDITION:

Describe \_\_\_\_\_

Lot Width \_\_\_\_\_ Lot Area \_\_\_\_\_ Residential Floor Area \_\_\_\_\_ (SF)

Building Height \_\_\_\_\_

Yard Dimensions: Front \_\_\_\_\_ Rear \_\_\_\_\_ Each Side \_\_\_\_\_

ESTIMATED COST (VALUE) OF CONSTRUCTION PROJECT: \$ \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_

**NOTE: A SITE PLAN IS REQUIRED WHEN SUBMITTING THIS APPLICATION. When the project is laid out and staked, call the Zoning Inspector to set up an appointment to check set back distances for compliance. If you have questions or need further clarification, contact the Zoning Inspector (contact info on website). You **MUST** provide a drawing (bird’s eye view) showing the actual dimensions, shape of the lot, and the exact size and distance from all property lines. If you do not know where your property lines are located, you will need to survey to certify.**

**DO NOT FILL OUT BELOW THIS LINE**

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**For Zoning Inspector Use Only**

PERMIT FEE: \$ \_\_\_\_\_ DATE PAID: \_\_\_\_\_

I certify that the required staked Site/Set Back Inspections were performed on the above described property on: **DATE** \_\_\_\_\_ **TIME OF DAY** \_\_\_\_\_.

The location of the staked footers: WERE ( ) WERE NOT ( ) in compliance with the Marion Township Zoning Resolution.

\_\_\_\_\_  
**MARION TOWNSHIP ZONING INSPECTOR Signature**