



ZONING CERTIFICATE APPLICATION

Marion Township
Hancock County, Ohio

APPLICATION # _____

NEW HOME CONSTRUCTION

A-1 (Agriculture) & R-1 (Residential Single Family)

The applicant has applied for a Zoning Certificate (permit) for a new home construction. 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.

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

Lot Width _____ Lot Area _____ Residential Floor Area _____ (SF)

Building Height _____

Yard Dimensions: Front _____ Rear _____ Each Side _____

Email completed application to the Zoning Inspector ([contact info on website](#))

SCHEDULE OF REGULATIONS

Zoning District	Minimum Lot Size	Minimum Frontage Width	Maximum Height of Structures	Front Yard Setback	Side Yard Setback	Rear Yard Setback	Minimum Floor Area/Unit	Maximum % of Lot Coverage
A-1 Agriculture	(2) Acres	250 Ft.	30 Ft.	40 Ft.	40 Ft.	60 Ft.	1,200 SF	None
R-1 Single Family	11,000 SF	75 Ft.	30 Ft.	35 Ft.	10 Ft.	35 Ft.	1,400 SF	30%

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

APPLICANTS SIGNATURE: _____

TODAYS DATE: _____

NOTE: A SITE PLAN IS REQUIRED WHEN SUBMITTING THIS APPLICATION. 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

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