

Hours Mon-Thurs
9:30am -12:00pm
1:00pm - 3:30pm

Fayette County Zoning Department

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Harold G. Skaggs
Zoning Official

APPLICATION FOR ZONING CERTIFICATE

Application Number: Octa-or-FC-or-UT-12-____-____		Date: _____ - ____ - 2012					
		Month	Day	Year			
Zoning Code	Jurisdiction	Type of Work	Zoning Districts	Miscellaneous Uses			
<input type="checkbox"/> Fayette County <input type="checkbox"/> Union Township <input type="checkbox"/> Village of Octa <input type="checkbox"/> Airport Resolution	<input type="checkbox"/> Concord <input type="checkbox"/> Green <input type="checkbox"/> Jasper <input type="checkbox"/> Jefferson <input type="checkbox"/> Madison	<input type="checkbox"/> Marion <input type="checkbox"/> Paint <input type="checkbox"/> Perry <input type="checkbox"/> Octa <input type="checkbox"/> Union	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Use	<input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> SR-1 <input type="checkbox"/> SR-2 <input type="checkbox"/> GC	<input type="checkbox"/> RC <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> PB <input type="checkbox"/> PUD	<input type="checkbox"/> Garage <input type="checkbox"/> Poll building <input type="checkbox"/> Modular <input type="checkbox"/> Solar Panel <input type="checkbox"/> Accessory <input type="checkbox"/> Pool	<input type="checkbox"/> Pond <input type="checkbox"/> Tower <input type="checkbox"/> Fence <input type="checkbox"/> Ag

1. APPLICANT'S INFORMATION (Please Print)

Applicant's Name: _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Cell:** _____ **email:** _____

2. OWNER'S INFORMATION (Please Print)

Owner's Name: _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Cell:** _____ **email:** _____

3. PROJECT INFORMATION (Please Print)

Address: of project _____

Building/Structure	Setbacks	Property	Utilities
Size Length ____ Width ____	Front:	Size of Parcel: <input type="checkbox"/> Square Feet <input type="checkbox"/> Acres	Water: <input type="checkbox"/> Existing <input type="checkbox"/> Public <input type="checkbox"/> Private
Area (SF): L x W _____	Rear:		
Height (Feet): _____	Right Side:	Parcel ID # _____ Road Frontage - _____ Feet	Sewer: <input type="checkbox"/> Existing <input type="checkbox"/> Public <input type="checkbox"/> Private
Value of Construction: \$ _____	Left Side:		

4. BRIEF DESCRIPTION OF CONSTRUCTION (Please Print)

I (we) make this application with the distinct understanding that if a permit is issued to me (us) authorizing the above work and use, I (we) shall comply with all the laws and regulations of the above checked township or village, Fayette County and it's departments, and the State of Ohio relative to zoning, health, sanitation, fire limits, building, flood plains,

Applicant's Signature: _____ **Owners Signature:** _____

DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)

Building	Health	Flood Plain	Engineer	UPON REVIEW, THIS APPLICATION HAS BEEN:	
Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> APPROVED	_____ - ____ 2012
				<input type="checkbox"/> DISAPPROVED	Month _____ Day _____ Year _____
					Total Fees: \$ _____
				Harold G. Skaggs Zoning Inspector	

The reason(s) for disapproval is (are) as follows: _____ Paid by Cash _____ Check number _____

ZONING CHANGE OR ZONING APPEALS

If you wish to appeal this decision to **(check one)** ___Fayette County, ___Union Township, ___ the Village of Octa Board of Zoning Appeals, **or** the ___Fayette County, ___Union Township, ___Village of Octa Zoning Commission. Please be advised that a zoning appeal must be taken within 20 days, and a zoning change within 30 days, from the date of this decision by signing below. Any questions to this matter should be directed to this office.

I/we desire to request a ___zoning appeal or a ___zoning change for the mentioned reason(s) of the Zoning Inspector.

Date: _____ - _____, 20__

Signature of Applicant

Fees: \$1.00 per thousand	
Minimum:	\$25.00
Max. Residential. Fayette Co.	\$100.00
Max. Residential Union. TWP.	\$300.00
Max. Commercial:	\$500.00

Zoning Appeal:	\$50.00
Zoning Change:	\$100.00

Make check payable to:
 ___ Fayette County Zoning
 ___ Union Township Zoning

Total Fee(s): \$ _____ .00

Paid by: ___Cash or ___Check **Check No** _____

TYPICAL SITE PLAN

Site plans are required by both the Zoning and the Building Department Regulations. The purpose of a site plan is to provide accurate information for zoning and building officials to make a proper determination of compliance with the codes. The site plan may not only be used for Zoning and Building codes, but also for Subdivision Regulations, Flood Plain Management, Health Department Codes, and Driveway Permit Regulations by the County Engineer, etc. Accurate information of property lines, Right of Ways (ROW), easements, and set backs avoid future litigations and provide detailed information to homeowners as well as future homeowners.

Location of the items below in relationship to an approved well, septic tank and leach field is critical. A change in location of any of the below items which would encroach upon said well, septic and leach field, could result in the disapproval for building on the property. Lack of compliance with the site development plan may result in 1) the Certificate of Occupancy not being issued, 2) voiding the zoning permit, 3) voiding the building permit, or 4) all the above.

The following information **MUST** be on the **SITE PLAN**. (Check if applicable and completed)

1. Owner's name and address
2. Property boundary dimensions, and property acreage
3. ROW width of road in front (May be obtained from the Fayette County Engineer's office at 740-335-1541)
4. All structures, garages, pole barns, sheds, swimming pool, porches, carports etc. with distances from each other and property lines
5. Building construction line with set back at front, sides and rear
6. All utility and drainage easements shown on deeds
7. Location and distances to structures of Septic Tank, Well
8. Location of driveways and walks
9. Show appropriate scale for the size of the page of drawing and North arrow
10. Provide copy of "plat map" from the County Engineer Map Room at the third floor of the County Administration building at 133 S. Main Street, Washington C.H.

Additional requirements (If applicable):

Topography Survey with the 100 year floodplain contour, Base Flood Elevation (BFE) Certificate approved by the Flood Plain Manager, and lowest floor elevation of new structure, and/or a Developmental Permit from Flood Plain Manager.

**See the reverse side for an example of a typical Site Development Plan
(Attach this document to the zoning and/or building permit application)**

DOCUMENTS REQUIRED FOR A ZONING AND BUILDING PERMITS

(Check if have the documents)

1. Typical Site Plan
2. Property address from county engineer's office (335-1541)
3. Driveway permit from county engineer's office (335-1541)
4. Driveway or sign permits from state ODOT on State and US highways
(From local ODOT Highways Department on US 22 SW 335-1800)
5. Health Department well permit (335-5910)
6. Health Department septic/leach field/aerator permit (335-5910)
7. If Commercial, drawings must bear an original Architect or Engineer Seal, including site plan

SAMPLE SITE PLAN

