

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

Fayette County Zoning Department

121 E. East Street
Washington C.H., Ohio 43160
Tel:740-335-2212 Fax: 740-335-6644

Harold G. Skaggs
Zoning Official

APPLICATION FOR ZONING CERTIFICATE

Application Number: Octa-or-FC-or-U-twp-10-____-____-____ Date: _____ - ____ - 2010
Month Day Year

Zoning Code	Jurisdiction	Type of Work	Zoning Districts	Miscellaneous Uses
<input type="checkbox"/> Fayette County	<input type="checkbox"/> Concord <input type="checkbox"/> Marion	<input type="checkbox"/> New	<input type="checkbox"/> F <input type="checkbox"/> RC	<input type="checkbox"/> SF <input type="checkbox"/> Pond
<input type="checkbox"/> Union Township	<input type="checkbox"/> Green <input type="checkbox"/> Paint	<input type="checkbox"/> Addition	<input type="checkbox"/> FS <input type="checkbox"/> I-1	<input type="checkbox"/> MF <input type="checkbox"/> Tower
<input type="checkbox"/> Village of Octa	<input type="checkbox"/> Jasper <input type="checkbox"/> Perry	<input type="checkbox"/> Alteration	<input type="checkbox"/> SR-1 <input type="checkbox"/> I-2	<input type="checkbox"/> Modular <input type="checkbox"/> Fence
<input type="checkbox"/> Airport Resolution	<input type="checkbox"/> Jefferson <input type="checkbox"/> Octa	<input type="checkbox"/> Change of Use	<input type="checkbox"/> SR-2 <input type="checkbox"/> PB	<input type="checkbox"/> Manufact'd <input type="checkbox"/> Ag
	<input type="checkbox"/> Madison <input type="checkbox"/> Union		<input type="checkbox"/> GC <input type="checkbox"/> PUD	<input type="checkbox"/> Accessory <input type="checkbox"/>
				<input type="checkbox"/> Pool <input type="checkbox"/>

1. APPLICANT'S INFORMATION (Please Print)

Last Name:		First Name:	
Address:		City/State/Zip:	
Phone:	Cell:	Fax:	

2. OWNER'S INFORMATION (Please Print)

Last Name:		First Name:	
Address:		City/State/Zip:	
Phone:	Cell:	Fax:	

3. PROJECT INFORMATION (Please Print)

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

4. BRIEF DESCRIPTION OF CONSTRUCTION (Please Print)

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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, access to or obstruction of roadways, streets or highways, and drainage

Applicant's Signature:	Owners Signature:
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DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)

Building	Health	Flood Plain	Engineer	UPON REVIEW, THIS APPLICATION HAS BEEN:	
Required?	Required?	Required?	Required?	<input type="checkbox"/> APPROVED	Date: _____ - ____ - 2010
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> DISAPPROVED	Month Day Year
<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO		Fees:
				Harold G. Skaggs Zoning Inspector	\$

The reason(s) for disapproval is (are) as follows:
rev. 10/01/09

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: Twenty Five (\$25.00)
Maximum Residential: One Hundred (\$100.00)
Maximum Commercial: Five Hundred (\$500.00)

Zoning Appeal: Fifty (\$50.00)
Zoning Change: One Hundred (\$100.00)

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

Total Fee(s): \$ _____ .00

Paid by: ___ Cash or ___ Check Check No _____