

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

Fayette County Zoning Department
121 E. East Street
Washington C.H. Ohio 43160
740-335-2212 harold.skaggs@fayette-co-oh.com
Fax-740-335-6644

Harold Skaggs
Zoning Official

APPLICATION FOR ZONING CERTIFICATE

Application Number: Octa-or-FC-or-UT-15- _____ **Date:** _____ - _____ - 2015
Month _____ Day _____ Year _____

Zoning Code	Jurisdiction	Zoning Districts	Type of Work				
<input type="checkbox"/> Fayette County <input type="checkbox"/> Union Township <input type="checkbox"/> Village of Octa <input type="checkbox"/> Airport Zoning	<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"/> 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"/> New Home <input type="checkbox"/> Room Addition <input type="checkbox"/> Garage <input type="checkbox"/> Change of Use <input type="checkbox"/> Porch - or- Deck <input type="checkbox"/> Commercial	<input type="checkbox"/> Pole 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 <input type="checkbox"/> Sign <input type="checkbox"/> _____

Structure 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 Proposed Project

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

4. BRIEF DESCRIPTION OF CONSTRUCTION (Please Print)

I make this application with the distinct understanding that if a permit is issued to me authorizing the above work and use, I 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	<input type="checkbox"/> APPROVED	_____ - _____ 2015			
				<input type="checkbox"/> DISAPPROVED	Month _____ Day _____ Year _____
				Total Fees: \$ _____	
				Harold Skaggs Zoning Official	

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** _____