

**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](mailto: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-16-** \_\_\_\_\_ **Date:** \_\_\_\_\_ - \_\_\_\_\_ - 2016  
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	
<b>Value of Construction:</b> \$ _____	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	_____ - _____ 2016			
				<input type="checkbox"/> DISAPPROVED	Month _____ Day _____ Year _____
				<b>Total Fees:</b> \$ _____	
				<b>Harold Skaggs Zoning Official</b>	

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 \_\_\_\_\_**