BROWN TOWNSHIP ZONING OFFICE 5555 State Route 521 Delaware, OH 43015 740-833-5777



Date Received
Certificate #
Zoning Certificate Issue Date

APPLICATION FOR BROWN TOWNSHIP ZONING CERTIFICATE

Applicant			
Address of Applicant			
City	_ State	Zip	Zoning District
Applicant Phone		Appl	icant e-mail
Property Owner	Owner Phone		Owner e-mail
Contractor	Contractor Phone _	Contractor Phone Contractor	
Driveway Installer/Contractor	Installer Phone Installer E-mail _		Installer E-mail
Project Type: New House Garage Other		Accessory Struct	ure Addition
Square Footage Height			
Setbacks from proposed structure to property lines:			
Front Yard Back Yard Side Yar	d RIGHT	Side Yard LEI	т
New Driveway Info	rmation (applicable to t	township roads onl	y)
Width Width at Road Surface	Culvert type	Culver	t Diameter
Distance from Pavement Edge of to Center of Culvert_	Cu	ulvert Length	
ITEMS REQUIRED FOR A COMPLETE APPLICATION	ı		
 Complete copy of building plans no larger tha Site Plan/Plot Plan which must show the layou property lines and dimensions, all existing bui Copy of Health District letter of approval or co All proposed construction for which a zoning certificate	ut of your property gendidings, driveway(s), and instruction permit	d all setback measu	rements for new structure
Applicant and property owners certify that all informat issuance of the requested zoning certificate. If any characteristic, the zoning department must be notified a of the Brown Township Zoning Resolution and understand penalty allowable by law.	ion contained within is nges are made to this a nd may result in reappl	true and accurate application or the incention. Applicant	and is submitted to induce the nformation before building agrees to be bound by the provisions
Owner Signature			Date

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED