

**EATON TOWNSHIP  
APPLICATION FOR RESIDENTIAL ZONING PERMIT**

**No. X-XXXX**

The undersigned hereby applies to Eaton Township, Lorain County, Ohio for a Zoning Certificate for the following use to be used on the basis of the representations herein contained, all of which the applicant swears to be true. The applicant understands this Zoning Permit shall expire and may be revoked six (6) months from the date of approval on the application, if work has not begun. Provided however, that construction has been started within six (6) months said Zoning Certificate shall automatically be extended for an additional six (6) months and expire twelve (12) months from the date of approval. Zoning **FEES ARE NOT REFUNDABLE AFTER 30 DAYS** Applicant's Initials \_\_\_\_\_.

Owner's Name: \_\_\_\_\_ Home/Business Phone: \_\_\_\_\_

Location of Property \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Permanent Parcel No.: \_\_\_\_\_ Sub lot No.: \_\_\_\_\_ District: \_\_\_\_\_

Proposed use: \_\_\_\_\_ No. of Families \_\_\_\_\_ Kind of Construction: \_\_\_\_\_

Finished exterior surface coverings: \_\_\_\_\_ Builders Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Plot Plan is attached:  Plot Plan shows main road or street, all existing buildings and their sq. ft.:   
Blueprints attached:  Legal description or copy of Deed attached:

PRIMARY STRUCTURE:  ACCESSORY BUILDING:  ADDITION:  POOL:  POND:

Width: \_\_\_\_\_ ft. Depth: \_\_\_\_\_ ft. Height: \_\_\_\_\_ ft. Total Sq. ft. \_\_\_\_\_

Stories: \_\_\_\_\_ Basement: \_\_\_\_\_ sq. ft. 1<sup>st</sup> Level: \_\_\_\_\_ sq. ft. 2<sup>nd</sup> Level: \_\_\_\_\_ sq. ft.

3<sup>rd</sup> Level: \_\_\_\_\_ sq. ft. Attached Garage: \_\_\_\_\_ sq. ft. Porch/ Deck: \_\_\_\_\_ sq. ft. Other: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Lot: Road Frontage: \_\_\_\_\_ ft. Depth: \_\_\_\_\_ ft. Acreage: \_\_\_\_\_

SET BACKS: Road Right-of-way: \_\_\_\_\_ ft. Rear Yard: \_\_\_\_\_ ft. Side Yard: \_\_\_\_\_ ft. \_\_\_\_\_ ft.  
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Distance to other Structures: Residence: \_\_\_\_\_ ft. Acc. Bldg.: \_\_\_\_\_ ft. Other: \_\_\_\_\_ ft.

Health Permit No.: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_ Cost of Construction: \$ \_\_\_\_\_

**Must Contact Lorain County Building Department (440) 328-2330: YES:  NO:**

**Applicant further understands that Eaton Township requires a CERTIFICATE OF OCCUPANCY PERMIT \_\_\_\_\_. There is to be NO OPEN BURNING on construction sites \_\_\_\_\_. Permission must be obtained before any alterations are done in the road right-of-way \_\_\_\_\_. The acceptance of this permit herein applied for shall constitute an agreement on my part to abide by all the conditions herein contained and comply with all regulations of the Township of Eaton and the laws of the state of Ohio relating to the work to be done there under, and said agreement is a condition of said permit. N/A only applies for the construction applied for on this permit, it does not exempt the property owner from complying with the Eaton Township Zoning Resolution, in any additional construction on this property in the future.**

Date of Filing Application \_\_\_\_\_ Print Applicants Name: \_\_\_\_\_

Fee: \_\_\_\_\_ Date Pd.: \_\_\_\_\_ ca ck Applicant's Signature \_\_\_\_\_

**ZONING CERTIFICATE**

This Permit is being: **Approved**  **Denied**

under Eaton Township Zoning Resolution Article \_\_\_\_\_, Section \_\_\_\_\_. Upon the basis of the above application, the statements in which are made thereof, the proposed USAGE is found to be in accordance with the Eaton Township Zoning Resolution

Eaton Twp. Zoning Inspector or Asst. Zoning Inspector \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Action taken by Eaton Twp. Board of Zoning Appeals: \_\_\_\_\_

Tentative date for spot check \_\_\_\_\_ Spot check made \_\_\_\_\_ Date of Insp. for Cert. of Occ. \_\_\_\_\_