

APPENDIX “E” FORMS

The zoning forms to follow in this appendix are used by Morrow County Zoning on behalf of their zoning resolution. There are two checklist sheets at the front of the forms that will assist residents in the County Plan Zoning Township’s and the Zoning Inspector to guide them through the process of conveying land and obtaining a building permit.

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STOP! NOTICE OF ZONING VIOLATION

APPLICATION FOR MORROW COUNTY ZONING PERMIT

_____Township

Date: _____

Application No. _____

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form to submit plans in triplicate and drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and location of existing buildings on the lot and the location and dimensions of the proposed buildings or alterations. This permit is only good for 1 (one) year from the date of issue.

1. Location of building site: _____
Section _____ Township _____ Range _____
Block _____ Lot No. _____

(If not located in platted subdivision attach a legal description)

2. Name of Owner: _____ Home Phone: _____

Current Mailing Address: _____ Business Phone: _____

3. Existing Use: _____ Number of Bedrooms: _____

4. Property Presently Zoned As: _____ Number of Bathrooms: _____

5. Proposed Use: New Construction Business Remodeling Industry Accessory Building Sign

Size _____ Residence _____ No. of Units _____ Other (Explain) _____

(If proposed use is business or industry, enclose a detailed description of the nature of the business or industry)

6. Type of Sewage Disposal: _____

7. Percentage of lot to be occupied: _____%

8. Lot: Width _____ Lot Depth _____ Lot Area _____

9. Square Feet: of Living Area (Residences) _____ sq. ft.

Garage: _____ Basement: _____ Accessory Bldg.: _____

Commercial: _____ Industrial: _____ Office: _____

10. Building Heights: Stories _____ Feet _____

11. Yard Dimensions: Front _____ Rear _____

One Side _____ Sum of Side Yards _____

12. Accessory Building Dimensions: Height _____ Side of Dimensions _____

13. Number of Off-Street Parking Spaces to be provided: _____

14. Number of Off-Street Loading Berths to be provided: _____

15. On a separate sheet, attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

Signature: _____ Date: _____

(For Official Use Only)

Date Received: _____ Fee Paid: _____

Date of Action or Application: Approved: _____ Denied: _____

If application denied, attach reason for denial. _____

Zoning Inspector

MORROW COUNTY ZONING
VARIANCE REQUEST FORM

Date Application Prepared: _____

Applicant's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Business Phone: _____

Location of Property Under Consideration (address and/or description):

A variance is a modification of the strict terms of the relevant regulations made in accordance with Appendix "A" of the Zoning Resolution

Nature of Variance Required: State the specific paragraph(s) in the Zoning Resolution for which a variance (s) is requested. Submit one form for each property stating all variances requested:

Justification for Variance: Attach the following with this form. Incomplete applications will not be accepted.

1. Copy of the Denial Letter showing the zoning officials disapproval, reason for disapproval, date of disapproval, and the official's signature.
2. Statements concerning how each of the Appendix "A", Standards for Granting Hardship Variances, applies to the variance requested. See reverse of this form for listing of Standards.
3. Property map of the area showing the property for which the variance is requested and all surrounding properties.
4. Plot plan of the property showing the particular information about the zoning certificate request and the variance request.
5. Copies of survey of the property, deeds, land contracts, etc., as necessary.
6. Other maps, data, drawings, etc., necessary for justification of the variance request.

Property Owner's Certification: I certify all the information contained in this application and its supplements, is true and correct.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Zoning Certificate Was Disapproved: _____ Date Application Received:

Fee Received: Yes ___ No ___ Amount _____

Application Number: _____

Board of Zoning Appeals Action: Date of Action: _____

Description of Action (state approval or disapproval for each variance requested above

Signature of Board Chairman: _____

STANDARDS FOR GRANTING HARDSHIP VARIANCES

- A. The particular physical surroundings, shape, or topographical condition of the specific property would cause unusual and unnecessary hardship if the literal provisions of the zoning resolution were followed.
- B. The purpose of the variance is not primarily based upon a desire to increase property value or usage.
- C. The alleged hardship has not been created by the applicant for the variance after the adoption of the zoning resolution.
- D. The granting of a variance will not be materially detrimental to the public health, safety, convenience or general welfare or injurious to other property or improvements in the vicinity.
- E. The granting of a variance will not constitute a grant of a special privilege, or permit a use not allowed by the existing zoning resolution, or permit a use forbidden to other property in the same classification or district or zone.

MORROW COUNTY ZONING
APPEAL REQUEST FORM

Date Application Prepared: _____

Applicant's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Business Phone: _____

Location of Property Under Consideration (address and/or description):

An appeal is a modification where it is alleged there is an error in any order, requirement, decision, or determination made by an administrative official, including the Zoning Inspector made in accordance with Appendix "A" of the Zoning Resolution.

Nature of Appeal Requested: State the specific paragraph (s) in the Zoning Resolution for which an appeal is requested. Submit one form for each property stating all appeals requested:

Justification for Appeal: Attach the following with this form. Incomplete applications will not be accepted.

1. Copy of the Denial Letter showing the zoning official's disapproval, reason for disapproval, date of disapproval, and the official's signature.
2. Statements concerning the applicant's justification for the specific items listed above.
3. Property map of the area showing the property for which the variance is requested and all surrounding properties.
4. Plot plan of the property showing the particular information about the zoning certificate request and the appeal request.
5. Copies of survey of the property, deeds, land contracts, etc., as necessary.
6. Other maps, data, drawings, etc., necessary for justification of the appeal.

Property Owner's Certification: I certify all the information contained in this application and its supplements, is true and correct.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Zoning Certificate Was Disapproved: _____ Date Application Received: _____

Fee Received: Yes _____ No _____ Amount _____

Application Number: _____

Board of Zoning Appeals Action: Date of Action: _____

Description of Action (state approval or disapproval for each appeal requested above)

Signature of Board Chairman: _____

APPLICATION FOR ZONING AMENDMENT
Morrow County, Ohio

Application No _____

The undersigned, owner(s) of the following legally described property hereby request the consideration of change in zoning district classification as specified below:

1. Name of Applicant _____
Mailing Address _____
Phone Number Home _____
Business _____

2. Locational Description: Subdivision Name _____

Section _____ Township _____ Range _____

Block _____ Lot No. _____

(If not located in a subdivision attach legal description)

3. Existing Use _____

4. Present Zoning District _____

5. Proposed Use _____

6. Proposed Zoning District _____

7. Supporting Information: Attach the following items to the application:
 - a. A vicinity map showing property lines, streets, and existing and proposed zoning.
 - b. A list of all property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed rezoning.
 - c. A statement of how the proposed rezoning relates it to the Comprehensive Plan.
 - d. The proposed amendment to the zoning map or text in ordinance (resolution) form, approved as to form by the City (Village, County, Township) Legal Advisor.

Date _____
_____ Applicant

For Official Use Only
(Zoning Commission)

Date Filed _____
_____ Zoning Commission

Date of Notice in Newspaper _____

Date of Notice to Adjacent Property Owner _____

Fee Paid \$ _____

Decision of Board of Zoning Appeals: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If Denied, reason for denial _____

Date _____

Board of Zoning Appeals

Chairman

Note: One (1) copy to be filed with the Zoning Inspector and (2) with the Board of Zoning Appeals.

MORROW COUNTY ZONING
Conditional Zoning Certificate Request Form

Date Application Prepared: _____ .Fee: _____ Application Number _____
(Month/Day/Year) (Office assigns #)

Applicants Name: _____

Address: _____
(City) (State) (Zip)

Home Phone:_(_____) Business Phone:_(_____)_____

Location of Property under consideration (Address and/or description):

Conditionally Permissible Use: _____

Attached and as part of this application are:

- A. Site Plan Showing:
 - 1. Boundaries and divisions of the property
 - 2. Abutting streets and properties
 - 3. Location of all existing and proposed improvements, including structures, parking, landscaping, etc.
 - 4. Location of existing and proposed water wells, water distribution lines, septic tanks or sewer lines, or other utility features.
 - 5. Topography at five (5) foot intervals showing the slope characteristics of the property.
- B. Complete plan improvement specifications for all proposed development and construction.
- C. Statement supporting evidence that the proposed use has complied with each of the general specific Conditions listed below.

General Conditions:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Specified Conditions:

1. _____

2. _____

3. _____

4. _____

(Attach sheets if necessary)

Fee: _____

Date: _____

Owner's Signature

This certificate is automatically revoked if any of the conditions specified herein are not met.

For official use only:

Zoning Board of Appeals Action:

Zoning Board of Appeals: Approval _____ Disapproval _____

Zoning Board of Appeals Chairperson's Signature: _____

Zoning Board of Appeals Secretary's Signature: _____

Date of Issuance of Conditional Zoning Certificate: _____

(Month/Day/Year)

MORROW COUNTY ZONING
Drilling Permit for Gas & Oil Wells-Zoning Certificate Request Form

Date Application Prepared: _____, Fee: _____, Application Number: _____.
(Month/Day/Year) (Office Assigns)

Applicants Name: _____

Address: _____
(City) (State) (Zip)

Home Phone: (_____) _____ Business Phone: (_____) _____

Location of Property under consideration (Address and/or description):

Address of Well Drilling Location:

THIS PERMIT IS ISSUED TO THE ABOVE LISTED DRILLING OR OIL EXPLORATION COMPANY. DRILLING COMPANY IS TO COMPLY WITH THE MORROW COUNTY ZONING REGULATIONS. PERMIT HOLDER SHALL ALSO COMPLY WITH ALL STATE REGULATIONS.

Date: _____ Zoning Inspector's Signature _____

This certificate is automatically revoked if any of the conditions specified herein are not met.

For Official Use Only:

Notes/Comments:

MORROW COUNTY ZONING
Cellular Tower-Zoning Certificate Request Form

Date Application Prepared: _____ .Fee: _____ .Application Number: _____ .
(Month/Day/Year) (Office Assigns #)

Applicants Name: _____ .

Address: _____ .
(City) (State) (Zip)

Home Phone:(_____) _____ Business Phone:(____) _____ .

Location of Property under consideration (Address and/or description):

.

Address of Cellular Tower Location:

.
.

THIS PERMIT IS ISSUED TO THE ABOVE LISTED ACQUISITION OR PHONE COMPANY. THE ACQUISITION OR PHONE COMPANY IS TO COMPLY WITH THE MORROW COUNTY ZONING REGULATIONS. PERMIT HOLDER SHALL ALSO COMPLY WITH ALL SITE REGULATION.

Date: _____

Zoning Inspector's Signature

This certificate is automatically revoked if any of the conditions specified herein are not met.

For Official Use Only:

Notes/Comments:

S T O P!
ZONING VIOLATION

Date:

Nature Of Violation:

Section:

Paragraph:

Steve Hart
Morrow County Zoning Inspector

Morrow County Zoning Resolution, Section 13, paragraph 13.10, sub-paragraph A. provides, in part, that: “Any person, firm or corporation violating this resolution or any regulation, provision or amendment thereto shall be deemed guilty of a unclassified misdemeanor and upon conviction thereof shall be fined not more than Five Hundred Dollars (\$500.00). Each day illegal erection, construction, enlargement, or use continues may be deemed a separate offense.

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