

ZONING PERMIT APPLICATION

Spring Valley Township

2547 US Route 42 South, PO Box 147, Spring Valley OH 45370 · Phone 937-603-5747

STEP 1: PROPERTY AND CONTACT INFORMATION

Address of Property: _____ City: _____ Zip: _____

Name of Property Owner: _____ Phone: _____

Owner Address: _____ City _____ State _____ Zip _____

Name of Contractor: _____ Phone: _____

Acreage of Property _____ Parcel Number: _____

STEP 2: PROPOSED CONSTRUCTION

Proposed/Building Use: _____

- New Construction Accessory Building Deck Business Other
 Addition Fence Swimming Pool Industry

STEP 3a: NEW BUILDINGS AND ADDITIONS

Total floor space: _____ sq ft; Total living area: _____ sq ft; Height to peak of roof: _____ ft.

Property line setbacks: FRONT _____ ft; REAR _____ ft; SIDE 1 _____ ft; SIDE 2 _____ ft.

Other information required:

1. New construction must have a Septic Permit issued by the Greene County Board of Health.
2. New construction must have a driveway permit.
3. Plot plan of property including existing buildings, proposed buildings, well, and septic.
4. Copy of construction drawings.
5. The building must be staked for inspection of setbacks.

STEP 3b: FENCES, DECKS AND POOLS (Please attach construction drawings and plot plan)

Fence Height: _____; Deck Area: _____; In-ground or Above ground pool: _____

STEP 3c: SIGNS (Please attach construction drawings and plot plan)

Total Area of Existing *Ground* Signs _____, *Wall* Signs _____, *Other* Signs _____

Area of Proposed Sign _____ Height of Sign _____ Lot Frontage _____

I hereby certify that all of the information supplied in this application and attachments are true and correct to the best of my knowledge, information and belief. I hereby consent to the inspection of the subject property and of any buildings or structures to be constructed thereon by the township zoning inspector. I hereby acknowledge that I understand that if the construction or use described in the zoning certificate has not begun or substantially pursued within six months from date of issuance, said zoning certificate shall become null and void. All construction shall be completed within one year.

Applicant Signature

Date

NOTE: REFUSAL OF THIS CERTIFICATE MAY BE APPEALED BY FILING AN APPLICATION WITHIN 20 DAYS OF DENIAL.

This application has been **APPROVED** **REJECTED** for issuance of a Zoning Certificate by the Spring Valley Township Zoning Inspector.

Spring Valley Twp Zoning Inspector

Date

*** Office Use Only ***	
Date: _____	Permit No.: _____
Fee Paid: _____	Check No.: _____