



Zoning Certificate Application

Application Number: _____

*Fees: \$75 single family residence
\$150 all others*

Paid: check number: _____ Cash: _____

The undersigned is applying for a zoning permit for the following use: to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct and agrees to follow all applicable regulations, refer to **Ordinance 1127**.

1. ApplicantName: _____ Phone: _____

Mailing Address: _____ City: _____

Email address: _____

2. Property address: _____ Johnstown, Ohio

3. Existing Use of Property: _____

4. Proposed Use of Property: _____

5. Zoning District: _____

6. Number of Off-Street Parking spaces: _____

7. Number of DwellingUnits: _____

8. Square feet of living area (residential use only): _____

9. Yard Dimensions: Front: _____ Rear: _____ Left Side: _____ Right Side: _____

10. Percentage of lot to be covered: _____ % Area of lot : _____ square feet

11. Estimate of cost of improvements: _____

In addition, the following items must accompany this application:

Two full sets of to scale plans and dimensioned drawings showing the lot, with location of existing and proposed buildings and alterations are required. Attach any requested, supplemental or necessary documentation.

I certify the information contained in this application and attachments is true and accurate.

Applicant's signature: _____ Date: ____/____/____

Official use only

Date received in office: ____/____/____ by: _____

Permit was approved issued on date: ____/____/____

Permit was denied on date: ____/____/____ if denied, Reasons: _____

Village of Johnstown Zoning Inspector: _____