GERMAN TOWNSHIP ZONING
3940 LAWRENCEVILLE DRIVE
SPRINGFIELD, OHIO 45504
(937)964-1661

APPLICATION FOR ZONING CERTIFICATE

FOR OFFICE USE ONLY
Date received:_____ Received by:_____
Fee Paid: _____
Certificate Number _____ Issued/ Denied Date: _____
Comments: _____
_____
Signature of Zoning Inspector: _____
Certificate is valid for 2 years from issue date

A. OWNER(S) INFORMATION
NAME:_____
CURRENT ADDRESS:_____
CITY/ST./ZIP:_____
PHONE: Home _____Business _____Fax _____
EMAIL: _____

B. BUILDER'S INFORMATION
NAME:_____
ADDRESS: _____
CITY/ST./ZIP:_____
PHONE: Home _____ Business _____Fax _____
EMAIL: _____

C. STATUS OF PROPERTY FOR ZONING REQUEST
LOCATION/ADDRESS OF PROPERTY: _____
_____
CURRENT USE (i.e. agricultural, residence etc..):_____
_____
ACREAGE: _____ ROAD FRONTAGE: _____ft. DEPTH: _____ft.

IS ALL OR PART OF PARCEL IN THE 100-YEAR FLOOD PLAIN?
____YES ____NO If yes, indicate what action must be taken in order that the proposed use
complies with Flood Plain regulations.
_____
IS THIS PROPERTY LOCATED ON A STATE HIGHWAY? ____YES _____NO If yes, you must be in
compliance with State road requirements.

D. PROPOSED STRUCTURE
 DESCRIPTION OF PROPOSED STRUCTURE(S)(i.e. residence, garage, shed):
_____
SIZE OF STRUCTURE:_____ sq.ft. COST OF STRUCTURE:_____
HEIGHT OF STRUCTURE:_____ BUILDING MATERIALS:_____
PROPOSED USAGE OF PROPERTY AND/OR STRUCTURE _____
_____

E. REQUIRED ADDITIONAL INFORMATION
1. **FEE**
2. **MAP** – Provide a map showing property in question. Note location of
   existing and/or proposed structures with distances from lot lines.
   Show existing and/or proposed access point(s) to public road. Also
   show any known easements, and placement of well and sewer. Map must
   be accurate and clearly readable.
3. **HEALTH DEPARTMENT OR OEPA CERTIFICATE OF APPROVAL:** In all cases
   where on-site water and/or sewage disposal is utilized, the County
   Health Department or OEPA must evaluate the soil/site suitability
   for on-site water and/or sewage disposal. Submit copy of approved
   report.
4. **ANY OTHER INFORMATION** necessary to determine and provide for the
   enforcement of zoning resolutions.
5. **CULVERT PERMIT** is needed to install a culvert under your drive way.

> NOTE* Concrete driveways may not be extended across German
> Township right of way. I agree to pay the expenses for its removal
> should this happen. Signed _____

F. APPLICANT CERTIFICATION
I/We hereby submit this application (including all items and exhibits noted above) for a zoning
certificate and affirm that the information provided by myself and/or agent is true and correct to
the best of my/our knowledge. I/We understand that any incomplete, missing or inaccurate
information may cause this application to be rejected and that I/We must furnish any such
information upon request prior to the processing of this application for appeal.

NAME: _____ NAME: _____ DATE:_____
      printed   signature

NAME: _____ NAME: _____ DATE:_____
      printed   signature