



P.O. Box 27
 5192 Walnut Road, S.E.
 Buckeye Lake, Ohio 43008

THE VILLAGE OF BUCKEYE LAKE

Phone (740) 928-7100
 Fax (740) 928-8843
 www.vil.buckeye-lake.oh.us

Application # _____

APPLICATION FOR ZONING PERMIT

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 hereby 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 locations of existing buildings on the lot, and the location and dimensions of the proposed building or alterations.

1. **Property Address where work will be performed:** _____
 Lot Number(s) _____ Section _____ Subdivision Name: _____
 Township _____ County _____ District & Parcel #: _____ - _____
 (If property is not located in a platted subdivision attach a legal description)
2. **Name of Property Owner:** _____
 Property Owner's Mailing Address _____
 Phone Numbers:(Home) _____ (Business) _____ (Cell) _____
3. **Name of Contractor performing work:** _____
 Address: _____ Phone #:(Business) _____ (Cell) _____
4. **Existing Use:** _____
5. **Proposed Use of Property:**
 - a. Residence _____ Business _____ Industry _____ Swimming Pool _____(Type) _____
 - b. New Construction _____ Addition _____ Garage _____ Other _____(Please specify _____)
 Accessory Building _____ Address of main structure _____
 (Address of main structure must be listed for an accessory building to be considered for permit)
 - c. Number of Units: _____
 - d. If in a business zoning district, will a sign be requested at a later date? Yes _____ No _____
6. **Property Presently Zoned As:** _____
7. **Type of Sewage Disposal:** _____
8. **Percentage of Lot to be Occupied:** _____% Area of lot _____ sq. ft.
9. **Dimensions of Lot:** Width _____ Depth _____
10. **Square Feet of living area** Residence _____ sq. ft. Garage _____ sq. ft.
 Basement _____ sq. ft. Accessory Building _____ sq. ft. Other _____ sq. ft.
 Commercial _____ sq. ft. Industrial _____ sq. ft. Office _____ sq. ft.
11. **Building Heights:** Stories _____ Feet _____

12. **Setbacks:** Front _____ Rear _____
Left Side _____ Right Side _____ Sum of both side yard setbacks _____

13. **Number of off-street parking spaces to be provided:** _____

14. **Number of off-street loading berths to be provided (commercial/industrial only):** _____

15. **Estimated Cost of Improvement(s):** _____

16. 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.

Per Section 301 of the Village of Buckeye Lake Zoning Code, this permit expires if work is not started within 90 days and completed within 1 year of the date of approval on this application. Applicant must apply to the Village of Buckeye Lake for a Zoning Occupancy Certificate upon completion of all construction and following approval of all building inspections.

Property owners signature: _____ **Date:** _____

(For Official Use Only)

Application Fee: (\$10.00)	\$ _____
Single family residential zoning permit (\$5.00/100s.f. - \$55.00 minimum fee)	\$ _____
Multi family residential zoning permit 1 st unit (\$250.00 + \$5.00/100s.f.)	\$ _____
Multi family residential zoning permit each add'l unit (\$5.00/100s.f.)	\$ _____
Residential garages, carports, room additions, and accessory buildings (\$5.00/100s.f.-\$50.00 minimum fee)	\$ _____
Residential Paving and/or Paver Installation (\$25.00)	\$ _____
Roof Change (\$40.00)	\$ _____
Swimming Pools (\$25.00 + \$5.00/100 s.f.)	\$ _____
Commercial/Industrial zoning permit (\$250.00 + \$5.00/150s.f.)	\$ _____
Commercial/Industrial - accessory buildings (\$5.00/100s.f.- \$75.00 min. fee)	\$ _____
Commercial/Industrial Paving Fee (\$75.00)	\$ _____
Cellular/Radio Tower One Year Fee (\$350.00)	\$ _____
Total Fee:	\$ _____

Date Received: _____ **Received by:** _____ **Fee Paid:** _____ **Check #** _____

Date of action taken on application: _____ **Approved:** _____ **Denied:** _____

If application is denied, reason for denial: _____

Zoning Inspectors Signature: _____ **Date:** _____

Information below to be completed only when application is forwarded to BZA for additional action.

Applicant must complete & file a variance application for application to be considered by BZA.

Date request forwarded to Board of Zoning Appeals (BZA): _____

Action Taken by BZA: Decision upheld _____ Decision overturned _____

Conditions: _____

BZA Chairperson' Signature: _____ Date: _____