Zoning Certificate Application for Accessory Use

Washington Township Development Services Department
8190 McEwen Road Dayton, Ohio 45458 P.: 937.433.0796 F.: 937.438.2742

Application No.: _____

Applicant Name: _____ Phone No.: _____

Applicant Address: _____

Property Owner: _____ Phone No.: _____

Property Address: _____

Zoning District: _____ Contractor: _____

Type of Lot: Corner ☐ Interior ☐ Other _____ Proposed Floor Area: _____ square feet

Accessory Structure Type: Shed ☐ Detached Garage ☐ Other _____

Proposed Location: Side Yard ____ Rear Yard ____ Distance from Property Line: Side Yard ____ Rear Yard ____

Proposed Height: _____ Feet _____ Inches Height of Principle Building: _____ Feet _____ Inches

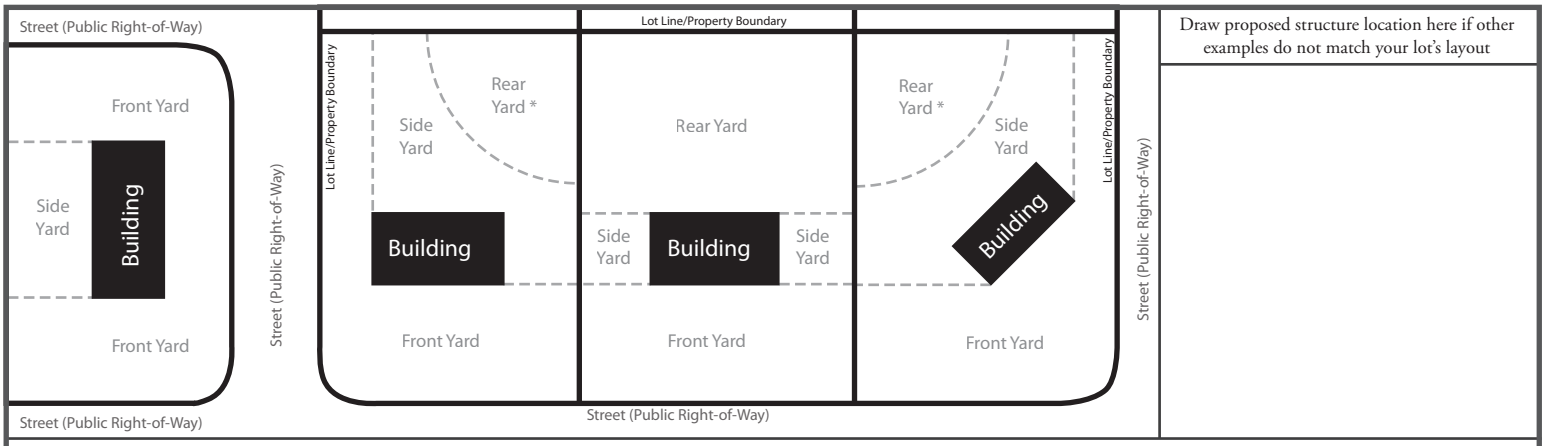
Proposed Use of Structure: _____

Additional Details: _____

_____

For those Accessory Uses located within the principle structure, such as Home Occupations; please provide a letter of intent addressing all associated details and description of the proposed use as an attachment to your application request.

Show Proposed Accessory Use, Building, or Structure Location on Corresponding Lot Type



* The size of the rear yard for corner lots varies by the lot's specific Zoning District requirements.

I hereby certify that the information and statements on this application, or attached hereto, are true and correct to the best of my knowledge. I acknowledge that it is my responsibility to ensure that the proposed accessory structure location does not encroach outside the limits of the subject property. I understand that if the information in this application is not correct or complete, any Zoning Certificate issued may be invalid. I agree to comply with all conditions and requirements that may be imposed by the approval of this application request. Any approval granted by the Township shall expire within one (1) year from the date of approval. I authorize representatives from Washington Township to enter the above-referenced property address to ensure compliance with the Zoning Certificate and any applicable requirements of the Zoning Resolution.

_____ _____

Signature of Owner or Authorized Agent Date

Department Use Only

Date Received	☐ Approved ☐ Approved with Modification ☐ Denied Staff Signature Date