



CITY OF POWELL

APPLICATION FOR RESIDENTIAL ZONING CERTIFICATE

Visit our web site at www.cityofpowell.us for information & applications

Certification No. _____

Application No. _____

Type of Work: (check one)

_____	New Building	_____	Deck	_____	Remodel
_____	Addition	_____	Repair	_____	Other _____

Applicant: _____

Address: _____

City / State / Zip: _____ E-mail : _____

Phone: _____ Cell: _____ Fax: _____

Site Information

Property Owner: _____

Property Address: _____

Lot Number/Subdivision: _____ Lot Area: _____ Zoning District: _____

Present Use: _____ Proposed Use: _____

Type of Building: Dwelling Other _____

Type of Sewage Disposal (Public, Private Septic, Etc.): _____

Lot Width at Building Line: _____ Lot Depth: _____ Building Area: _____

Percentage of Lot Coverage: _____ Building Height: _____ No. of Stories: _____

Parking Spaces Provided: _____ Side Yard Width, Right: _____ Side Yard Width, Left: _____

Rear Yard Depth (from rear of Proposed Building): _____

Contractor: _____ Address: _____

City/State/Zip: _____ Phone: _____ Fax: _____

The following items are REQUIRED as part of this application:

- 1) The required fee.
- 2) Plot Plan showing the type of proposed use, structural dimensions and the shape of the lot to be built upon. The exact size and location of existing buildings on the lot, if any; the location and dimensions of the proposed building(s) or alteration; front, side, and rear yard setbacks; and compliance with all development standards. **Two copies are required.**
- 3) Letter of approval from the Delaware County Health Department and/or the Environmental Protection Agency of the proposed method of disposal of sanitary wastes in every case where the property is not served by a public sewer.

The undersigned certifies that this application and the attachments hereto contain all information required by the Zoning Ordinance and that all information contained herein is true and accurate. The undersigned agrees to be bound by the provisions of the Zoning Ordinance of the City of Powell, Delaware County, Ohio.

I agree to grant the City Staff, the Commission, Board or Council considering this application access to the property that is the subject of this application for the purposes of reviewing this application and posting public notice for this application.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

- Incomplete applications or plot plans will require resubmission and could result in resubmission fees. -

City of Powell Building Department · 47 Hall Street · Powell, OH 43065 · (614)885-5380 · Fax (614) 885-5339