

# Village of Millersport

Incorporated 1917

P.O. BOX 536  
MILLERSPORT, OHIO 43046  
PHONE: (740) 467-2333  
FAX: (740) 467-2548

## APPLICATION FOR ZONING PERMIT

Section 302. Millersport Zoning Code

Appendix A

Date: \_\_\_\_\_

Application No. \_\_\_\_\_

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 sealed construction 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 buildings or alterations. Also include footer section, wall section, and elevation drawings showing roof pitch, materials, joist size and spacing.**

**Contact Zoning Administrator Bill Simpson 614-402-1093 or email [simprop@columbus.rr.com](mailto:simprop@columbus.rr.com)**

1. Name of Owner \_\_\_\_\_

2. Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

2. Mailing Address \_\_\_\_\_ Property Address: \_\_\_\_\_

3. Residential Use:	Square Footage	Units	Fee
a. <input type="checkbox"/> New Residence	_____	_____	_____
b. <input type="checkbox"/> Remodel Residence	_____	_____	_____
c. <input type="checkbox"/> Garage	_____	_____	_____
d. <input type="checkbox"/> Permanent Accessory Building	_____	_____	_____
e. <input type="checkbox"/> Non-permanent Accessory Building	_____	_____	_____
f. <input type="checkbox"/> Deck, Patio Porch	_____	_____	_____
g. <input type="checkbox"/> Demolition	_____	_____	_____
h. <input type="checkbox"/> Driveway/Culvert	_____	_____	_____
i. <input type="checkbox"/> Fence	_____	_____	_____
j. <input type="checkbox"/> Lot Split	_____	_____	_____
k. <input type="checkbox"/> Sign	_____	_____	_____
l. <input type="checkbox"/> Above ground Swimming Pool	_____	_____	_____
m. <input type="checkbox"/> Below ground Swimming Pool	_____	_____	_____
n. <input type="checkbox"/> Other	_____	_____	_____
o. <input type="checkbox"/> Conditional Use	_____	_____	_____
p. <input type="checkbox"/> New Address	_____	_____	_____

4. Non-Residential Use			
a. <input type="checkbox"/> New Commercial	_____	_____	_____
b. <input type="checkbox"/> Remodel Commercial	_____	_____	_____
c. <input type="checkbox"/> Manufacturing	_____	_____	_____

d. Does applicant have Development Plan Approval from Planning and Zoning Commission?

Circle one: Yes or No

5. Estimated Cost: \_\_\_\_\_

**NOTE:** This permit shall be void if work is not started within one year or completed within 2 1/2 years.

***I certify the information contained in this application and attachments are true and accurate***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check the following that pertains to your permit application.**

Building Permit \_\_\_ Demolition Permit \_\_\_ Sign Permit \_\_\_ Parking Lot Permit \_\_\_

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(For Official Use Only)

Date Received: \_\_\_\_\_ Fee \_\_\_\_\_ Paid by Cash: \_\_\_\_\_ or Check: \_\_\_\_\_

Date of Action on Application: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If application denied, reason for denial: \_\_\_\_\_

**Additional Requirements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street Superintendent Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Water Superintendent Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Sewer Superintendent Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Maintenance Code Office Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Police Chief Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Fire Chief Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Zoning Administrator Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Village Administrator Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

For new builds, additions to existing buildings, and decks, plans and inspection cards are to be located near work area where inspector can access. To call for an inspection call the zoning administrator at 614-402-1093. For plumbing inspections call 740-652-2813.

All requests for inspections to be completed within 24 workday hours. Work may not proceed unless inspection form is signed. Work is to be halted if a red card is attached and the inspector is to be called at the number provided.

For fences and other types of screenings, home owner or contractor is to mark lot lines and work area. Work may not proceed until inspection is made.

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

For portable buildings of more than 100s.f., owner or contractor is to mark lot lines and location of the building.

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

For deck installations footer inspections are required before concrete is added to the hole. Structural and final may be done when all work is completed.

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_ Footer  
Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_ Structural/final

For new builds and additions to existing structures the footer inspection is to be performed prior to installation of concrete. The structural in section to be performed after the rough mechanical work is done but before the drywall is applied. The final inspection to be performed when all work is completed and the home owner is ready for the occupancy permit.\*

- For new builds and additions to existing structures, the Village of Millersport recommends that the owner or contractor have an independent inspection of all rough and finish electrical and HVAC. For plumbing inspections contact Fairfield county at 740-652-2813 for inspection.

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_ Footer  
 Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_ Electrical  
 Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_ Plumbing  
 Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_ HVAC  
 Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_ Structural  
 Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_ Final

Owner or contractor agrees that should any item be disapproved all work will stop until the item is corrected and another inspection is performed. Permit inspection procedure sheet along with a copy of the approved plans signed by the zoning administrator is to be onsite and accessible to the inspector. No application will be accepted without all required items on the first page of the application.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_