



Prairie Township Zoning Office

25 Maple Drive
Columbus, Ohio 43228

(614) 878-3317 ext 103

(614) 878-0566 Fax

www.prairietownship.org

Date _____ Permit No. _____

1. Location Description: Subdivision Name and Street Address:

Parcel

I.D.No. _____ Lot Number: _____

If not in a platted subdivision, attach a legal description.

2. (a) Name, address and phone number of Owner(s) and lessee:

(b) Name, address and phone number of Applicant or Agent (if other than owner):

3. Existing Use: _____

4. (a) Existing Zoning: _____

(b) Is property located in Floodway or Flood Plain? Yes No

5. Proposed Use: _____

6. Please explain proposed building extension, erection or alteration:

7. Type of Sewage Disposal: _____

8. Building Height: Stories: _____ Feet: _____

9. Lot Width: _____ Lot Depth: _____ Lot Area: _____

10. Plot Plan: each application for a Zoning Permit or Temporary Zoning Permit shall be accompanied by a plan in triplicate drawn to scale, one (1) copy of which shall be returned to the owner upon approval. The plan shall show the following:
- (a) Actual dimensions and shape of the lot, including easements.
 - (b) Exact size, location and height of all existing buildings on the lot.
 - (c) Existing and intended use of all parts of the land or buildings.
 - (d) Exact location and dimensions of the proposed building(s) or alteration(s).
 - (e) Number of dwelling units.
 - (f) Existing zoning on all adjacent lots.
 - (g) Existing and proposed parking spaces, traffic flow, wheel stops, access drive(s) and parking setbacks. (New parking lots must include proof of drainage approval).
 - (h) Proposed building heights.
 - (i) The proposed provisions of water and sanitary sewer facilities, including written indication of at least preliminary approval of such provisions from the applicable Franklin County or State of Ohio regulatory agency.
 - (j) Existing and proposed screening.
 - (k) Existing and proposed signs and billboards, including lighting and size detail.
 - (l) In the case of a Zoning Permit, the proposed provision of surface drainage features and underground storm drainage facilities, refer to the Franklin County Subdivision Regulations. A grading plan and storm sewer layout, to included existing and proposed surface and subsurface drainage features shall be submitted, indicating how storm runoff will be handled.
 - (m) In the case of a Temporary Zoning Permit, a narrative description of the proposed use, including sufficient information to determine yard requirements, setbacks, sanitary facilities, and parking space for the proposed temporary use.
 - (n) Such other information with regard to the lot and neighboring lots as may be necessary to determine and provide for the enforcement of this Zoning Resolution.

If the work described in this application for a Zoning Permit is not begun within one (1) year of the date of the issuance thereof, or if the work described in the Zoning Permit is not substantially completed within 2 ½ years from the date of the issuance thereof, this Permit shall expire and be revoked.

An application for a Temporary Zoning Permit must be filed with the Zoning Inspector at least 30 days prior to the commencement of the proposed event. In addition to other information required herein, each applicant for a Temporary Zoning Permit shall submit the following information:

- (a) Commencement and termination dates of proposed event: _____
- (b) Date(s) and Permit Number(s) of any previous application(s) for a Temporary Zoning Permit: _____
- (c) In cases of proposed temporary sales within parking lots as outlined in Section 1012(6), the written permission of the property owner(s).
- (d) In cases of temporary retail sales as outlined in Section 1012(7), the information, licenses, and statements required by that Section.

In the event this application is denied, you have the right to file an appeal with the Prairie Township Board of Zoning Appeals. A notice of appeal specifying the grounds upon which the appeal is being made shall be filed with the Zoning Inspector and the Board of Zoning Appeals within 20 days after the decision.

14. Certification:

The undersigned hereby certify that the information contained in this application for a Zoning Permit Temporary Zoning Permit and its attachments are true and correct.

Date: _____

Owner(s) Signature

Lessee(s) Signature (if applicable)

Applicant(s) Signature (if applicable)

This permit is *non-refundable*. Please contact the Franklin County Building Department and the Franklin County Board of Health for all other code related issues pertaining to this project.

Franklin County Building Dept.
150 S. Front St., FSL Suite 10
Columbus, Ohio 43215
Tel: 614-525-3166
www.franklincountyohio.gov

Franklin County Board of Health
280 E. Broad St.
Columbus, Ohio 43215
Tel: 614-525-3160
www.franklincountyohio.gov

**Ohio Utilities Protection Service
1-800-362-2764 (or) 611**

Date: _____
Permit No: _____

PRAIRIE TOWNSHIP
LAND USE DISTURBANCE PERMIT APPLICATION

APPLICANT INFORMATION Name: _____ Company: _____
Address: _____
Telephone: _____

PROJECT INFORMATION Project Name: _____ On-Site Contact: _____
Project Address: _____
Parcel ID: _____
Total Acres: _____ Acres Disturbed: _____

Project Owner: _____ Contact: _____
Address: _____
Description of Work: _____

FEE SCHEDULE AND SUBMITTAL REQUIREMENTS
_____ **Over 1000 Sq. Ft.** (\$150.00 deposit required)
_____ BMP's
_____ **One Acre or More** (\$350.00 deposit required)
_____ BMP's
_____ SWP3's 2 sets Prairie Township
_____ 2 sets FCSW

I have received a copy of the Land Disturbance Regulations for Prairie Township and understand that all work performed must be in compliance with these regulations.

Signature of Applicant Date

FRANKLIN SOIL AND WATER CONSERVATION DISTRICT USE ONLY

LAND DISTURBANCE ACTIVITY
_____ Over 1000 Sq. Ft.
_____ BMP's
_____ One Acre or more
_____ SWP3's

DURING CONSTRUCTION
_____ Preserve existing natural conditions
_____ Erosion, Sedimentation Controls
_____ Runoff Controls
_____ Fill, Drainage & Groundwater Control
_____ Final Stabilization
_____ Post Construction Inspection
_____ Repairs Needed (if any)

COMMENTS

Reviewed By: _____ Date: _____
Recommendation: Approval Denial Other _____

PRAIRIE TOWNSHIP USE ONLY

Plans Received _____ Deposit Received \$ _____
Receipt No. _____ Forwarded to FCSW _____
Staff Initials _____ Approved _____ Denied _____ Other _____