



Prairie Township
Commercial Building and Zoning Dept.
25 Maple Drive, Columbus, Ohio 43228
(614) 878-3317 ext 103
(614) 878-0566 Fax
www.prairietownship.org

APPLICATION FOR ZONING COMPLIANCE (ZONING PERMIT)

Date _____ Permit No. _____

1. Location Description: Subdivision Name and Street Address:

Parcel ID 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.

TEMPORARY ZONING COMPLIANCE (ZONING PERMIT)

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.

<p>Franklin County Building Dept. 150 S. Front St., FSL Suite 10 Columbus, Ohio 43215 Tel: 614-525-3166 www.franklincountyohio.gov</p> <p>Franklin County Board of Health 280 E. Broad St. Columbus, Ohio 43215 Tel: 614-525-3160 www.franklincountyohio.gov</p> <p>Ohio Utilities Protection Service 1-800-362-2764 (or) 611</p>	<p>Franklin County Building Department 150 S. Front St., FSL Suite 10 Columbus, Ohio 43215 Tel: 614-525-3166 www.franklincountyohio.gov</p> <p>EL DEPARTAMENTO DE SALUD, CONDADO DE FRANKLIN 280 E. Broad St. Columbus, Ohio 43215 Tel: 614-525-3160 www.franklincountyohio.gov</p> <p>LLAMAR ANTES DE CAVA - O.U.P.S. 1-800-362-2764 (or) 611</p>
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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 FSWCD

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 _____

<input type="checkbox"/> Land Use Disturbance Permit Not Applicable	Date: _____	Staff Initials _____
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