



**Prairie Township**  
**Commercial Building and Zoning Dept.**  
 25 Maple Drive, Columbus, Ohio 43228  
 (614) 982-2190 • (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:  Same as Owner

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Existing Use:  Residential  Commercial

4. (a) Existing Zoning: \_\_\_\_\_

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

5. Proposed Use: \_\_\_\_\_

Are you installing a Geo Thermal System?  Yes  No Type:  Closed-Loop  Open-Loop\*

\*Open-loop Geo Thermal Systems are not permitted.

6. Explain the proposed building extension, erection, or alteration:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Prairie Township Use Only**

7. Type of Sewage Disposal:  Public  Septic

8. Building Height: Stories \_\_\_\_\_ Feet: \_\_\_\_\_

9. Lot Width: \_\_\_\_\_ Lot Depth: \_\_\_\_\_ Lot Area: \_\_\_\_\_ sqft

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.

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**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.

**By signing below, I am authorizing Prairie Township to enter the property to inspect any work done in relation to this application.**

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.**

<b>Franklin County Building Dept.</b> 150 S. Front St., FSL Suite 10 Columbus, Ohio 43215 Tel: 614-525-3166 www.franklincountyohio.gov	<b>El Departamento de Construcción del Condado de Franklin</b> 150 S. Front St., FSL Suite 10 Columbus, Ohio 43215 Tel: 614-525-3166 www.franklincountyohio.gov
<b>Franklin County Board of Health</b> 280 E. Broad St. Columbus, Ohio 43215 Tel: 614-525-3160 www.franklincountyohio.gov	<b>El Departamento de Salud, Condado de Franklin</b> 280 E. Broad St. Columbus, Ohio 43215 Tel: 614-525-3160 www.franklincountyohio.gov
<b>Ohio Utilities Protection Service</b> <b>1-800-362-2764 (or) 811</b>	<b>LLAMAR ANTES DE CAVA - O.U.P.S.</b> <b>1-800-362-2764 (or) 811</b>

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: \_\_\_\_\_

\*Open-loop Geo Thermal Systems are not permitted.

**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 \_\_\_\_\_

Land Use Disturbance Permit Not Applicable Date: \_\_\_\_\_ Staff Initials \_\_\_\_\_