

Muskingum Township
26 Townhall Road
Marietta, Ohio 45750
Phone: 740-373-0189 Fax: 740-373-8963
Website: www.muskingumtwp.org

APPLICATION FOR ZONING CERTIFICATE

Applicant: _____ Phone #: _____

Address _____ City _____ State: _____ Zip: _____

Property Address – if different than above

Address _____ City _____ State: _____ Zip: _____

Contractor / Builder: _____ Phone #: _____

Project Type:

- | | |
|--|---|
| <input type="checkbox"/> New Family Dwelling | <input type="checkbox"/> Extending Roof Line |
| <input type="checkbox"/> New Addition | <input type="checkbox"/> Business – Commercial / Industrial |
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Other: _____ |

Intended Use: _____

Location of building: _____ Height: _____ Total Square Footage: _____

A plan must be submitted with this application showing the size & location of lot, the dimensions & location of the proposed structure on the lot with setbacks from all property line indicated & the dimensions & location of the existing building or structures on the lot. Please note any changes in grade/elevation. Any additional drawings, photos, or images for the project are welcome.

Site Plan Drawing is included with this application? Yes _____ No _____

Fees are determined by the permit fee plus fee per square foot if applicable.

Permit Fee _____ Plus .10 sq. ft. _____ = \$ _____

Checks are payable to: Muskingum Township

THIS APPLICATION EXPIRES 2 MONTHS FROM DATE OF ACTION TAKEN (BELOW) BY ZONING INSPECTOR

PERMIT EXPIRES ONE YEAR (1) FROM DATE OF ISSUANCE IF CONSTRUCTION HAS NOT COMMENCED.

Signature of Landowner/Agent

Date

To receive Zoning Permit, application must be approved by the Zoning Inspector.
Approved application, drawings and fee are then taken to the Zoning Clerk.
Zoning Inspector – J.J. Bichard 740-629-5188 or jj.bichard@gmail.com
Zoning Clerk - Mary Groves, 740-373-4803, 109 Chippewa Dr, Marietta, Ohio 45750

For Zoning Office Use Only

Date Application received: _____ Date Action taken: _____

[] Approved [] Denied If Denied, Reason for Denial: _____

Zoning Inspector Signature: _____

Payment Date: _____ Amount: _____ Check #: _____ Zoning Clerk Initials: _____