

**VILLAGE OF ZOAR
PLANNING COMMISSION**

APPLICATION *for (check)*

() PROJECT PERMIT

() CERTIFICATE OF APPROPRIATENESS (COA)*

* Required if the project is located in the Historic District

1. Application Date _____

2. This Application is filed for *(check)*:

() Construction (house, alteration, accessory building, deck, driveway, pool, etc)

() Erection (sign, fence, etc.)

() Demolition*

*Demolition of any historic site or landmark must comply with Section 9 of the Historic Preservation Ordinance.

3. Describe the project:

4. Describe the project use:

5. Applicant Information:

a) Name _____

b) Address (*mailing*) _____

c) Phone (*home*) _____ (*other*) _____

d) Email address _____

6. Property Information:

- a) Location of premises (*street address*) _____
- b) Lot or Parcel No. _____
- c) Adjoining Streets _____
- d) Title owner of property _____

7. Information Requirements:

- a) Describe in the following space: the size and location of the proposed request, and the distance from lot, street and alley lines. Make a sketch of the proposed project giving the pertinent information (or) attach a drawing. A GIS map of the property can be used.
- b) All applications for residential buildings, accessory buildings and other structures shall include scaled drawings for foundations, plans for all floors, and front, rear and side elevations.
- c) Complete the enclosed “Check List for General Architectural Standards”.

- d) All residential applications shall provide evidence of compliance with the Tuscarawas County Water and Sewer District. For buildings not serviced by a sanitary sewer, a copy of a septic system approval from the Tuscarawas County Board of Health shall be provided.

- e) All applications located *within* the Historic District shall include the necessary information to demonstrate compliance with the objectives and requirements in both the Zoning and Historic Preservation Ordinances. This includes the General and Historic District Architectural Standards; the Secretary of the Interior Standards for Preservation, Rehabilitation, Restoration and Reconstruction; and the Zoar Historic District Design Guidelines.

- f) Applicant shall attach any additional drawings and photographs along with explanatory notes which may be necessary to convey a clear architectural understanding of the project. For construction projects, the illustrative material must include a description of the materials of construction. Illustrations from manufactures' catalogs, color samples, or magazine clippings are acceptable for this purpose.

8. Cost of Project: \$ _____

9. Submittal and Certification:

The completed application and all supporting information shall be submitted to the Zoning Officer or Secretary of the Planning Commission along with the application fee.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ITS SUPPLEMENTS ARE TRUE AND CORRECT.

THE PERMIT APPLICATION FEE (payable to the Village of Zoar) OF \$ _____ ACCOMPANIES THIS APPLICATION.

_____	_____
DATE	APPLICANT SIGNATURE

_____	_____
Date	Title Owner of the Property or Approved Agent of the Owner

Permit applications can be mailed or hand delivered to any of the contacts below:

Village of Zoar
Zoning Officer
PO Box 544
Zoar, OH 44697

Zoning Officer: David Hayes (330) 904-4029
Planning Commission: Scott Gordon (330) 936-1338
Historic Preservation Commission: Mark Gaynor (330) 340-9992

Village of Zoar

**Zoning Requirements Check List
General Architectural Standards (Effective in all Zoning Districts)**

Note:

*Applicant must complete the third column with actual values and sign at the bottom.

**The fourth column shall be completed by the Planning Commission.

Zoning Parameter	Requirement	Applicants Project*	Compliance? (check)**
Building Height	<35 ft max		
Structures	None >12 ft above bldg height		
	None >25% of bldg roof area		
Set Back	>30 ft front		
	>10 ft rear & side		
	>20 ft public right-of-way		
Land Coverage	<20 % lot area for main bldg.		
Dwelling Standards	>1500 sq ft living space		
	>1000 sq ft ground floor area		
	>28 ft length or width		
	8/12 – 10/12 roof pitch		
	All County Board of Health Stds.		
Accessory Buildings	<80 % first floor main bldg area		
	<80% height of main bldg (2 story)		
	< height of single story bldg		
	Enclosed on all sides		
	Made from materials typically used for main building construction		
	Must meet set backs		
	Roof pitch 8/12 – 10/12 or Main Bldg.		
Color	Oversight by PC – N/A to Ag District		

Swimming Pool	Rigid fence >4 ft high		
	Fence < 4 inches from the ground		
	Fence openings < 4 inches square		
	>4 ft high for above ground pool		
	<i>(or)</i> a power operated pool safety cover		

Signature of Applicant _____ Date _____

***** FOR VILLAGE USE ONLY *****

Zoning Officer (ZO)

1. Date application received _____
2. Date application action taken: () Application Complete _____
() Sent to HPC _____
() Approved or () Denied _____
() Sent to PC _____

Zoning Officer signature and date _____

Remarks:

Planning Commission (PC)

1. Date application received by the PC _____
2. Date application reviewed by the PC _____
3. Date application () approved () denied _____

Chair of PC signature/date _____

Remarks:

Historic Preservation Commission (HPC)

1. Date application reviewed for a COA _____
2. Date COA application () approved () denied

Chair of HPC signature/date _____

Remarks:

***** APPEAL *****

Date appeal filed _____

