Lexington Township Zoning (Stark County, Ohio)
Application for Zoning Certificate

This application must be approved by the Township Zoning Inspector before starting Construction.

Name of Applicant_____Date_____

Address_____ _____Phone_____

Name of Contractor_____

Location of Lot_____ Side of Road_____
(N.E.S.W.) (Street, Road, Route)

Between _____ and _____
(Street, Road, Route) (Street, Road, Route)

Lot #/Parcel Number_____ Size of Lot_____ Or Number of Acres _____

**Are there any other buildings located on this lot? If so explain_____

_____

Type of Building_____ Use of Building_____

Outside Dimensions_____ Number of Units_____

Number of Rooms_____Number of Stories_____

Height of Building_____Basement_____

Square Footage: House _____ Garage _____ Porches _____

Type of Construction_____ Exterior Colors & Textures _____

Check the following, which will be used:
City Water _____ City Sewer _____ Well _____ Cistern _____ Septic Tank _____ Outside Toilet _____

Estimated Cost of Construction $_____Cost of Permit $_____

Permanent Permit _____ Or Temporary 1-year Permit_____

Set-Back Distance: Front _____Rear _____Right Side_____ Left Side_____

Additional Remarks: _____

_____

***Single Family Dwellings in all districts – all rooms must be accessible from within the building, from main entrance.**

In accordance with Article X Section 1001. 4 (B), the Zoning Inspector has within **thirty (30) days** to issue a zoning certificate, if all requirements of the Zoning Resolution have been met.

Applicant agrees to conform forever to the use of the above building, as set forth herein, unless modified by later consent of the Board of Zoning Appeals.

_____
Applicant's Signature