

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

**APPLICATION FOR ZONING CERTIFICATE**

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Address – if different then above

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor / Builder: \_\_\_\_\_ Phone #: \_\_\_\_\_

Project:

- |  |   |
|--|---|
| <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: \_\_\_\_\_ Exterior Material: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ 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.

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

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

\_\_\_\_\_  
Signature of Land Owner/Agent

\_\_\_\_\_  
Date

To receive Zoning Permit, return approved Zoning Permit with fee to the Zoning Clerk  
Zoning Clerk: Nancy Burnett, 740-373-3557, 145 Seneca Drive, Marietta, Ohio 45750

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**For Zoning Office Use Only**

Date Application received: \_\_\_\_\_ Date Action taken on Application: \_\_\_\_\_

[ ] Approved [ ] Denied If Denied, Reason for Denial: \_\_\_\_\_

Zoning Inspector Signature: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Zoning Clerk Initials: \_\_\_\_\_