

8. Parking: Number of Existing Spaces: _____ Number of Loading Spaces (if applicable): _____
Number of Handicapped Spaces: _____ Number of Proposed Spaces: _____

9. Names, address and telephone number of architect for project: _____

10. Name, address and telephone number of general contractor for project: _____

11. Remarks and/or additional comments: _____

12. The Zoning Certificate does not relieve the applicant from the responsibility of obtaining all other required permits and approvals, including but not being limited to access permits from the Village of Carroll, County of Fairfield, and State of Ohio. Applicant(s) and owner(s) should also coordinate with utility companies for all required easements, right-of-ways and setbacks.

13. A fee for application processing, as determined by the Zoning Board: \$ _____

14. I hereby certify, to the best of my knowledge, that the foregoing statements and the information provided on the attached Site Plan are true and accurate. I understand that approval of this application does not relieve me of my obligation to obtain all other necessary permits.

Name of Applicant(s) (Print) _____ . Applicant(s) is/are: Owner(s)
 Occupant(s)
 Owner's Agent
 Other _____

Telephone Number of Applicant(s) _____

Witness: _____ X _____ Applicant(s)

TO BE COMPLETED BY ZONING INSPECTOR

Permit Approved Permit Denied

I hereby approve/deny this Application for Zoning Certificate for the purposes as stated herein and as shown on the Site Plan by the applicant(s).

DATE: _____

Zoning Inspector

Reason(s) for Denial: _____
