

CHECKLIST FOR APPLICATION FOR NEW RESIDENCE

****PLEASE READ ALL INFORMATION CONTAINED IN THIS PACKET****

PLEASE NOTE THAT NO PACKET CAN BE ACCEPTED WITH ITEMS MISSING.

_____ **Application must be completely filled out** (no blank spaces)

_____ **Copies of Approved Well and Septic Permits** (From Health Department, see example)
The Fairfield Department of Health
1587 Granville Pike
Lancaster, Ohio 43130
740-653-4489

_____ **Actual Street Address of Property** (from Engineer's Office in letter form, see example)
The Fairfield County Engineer's Office
3026 West Fair Avenue
Lancaster, Ohio 43130-8993
Phone: (740) 687-7050

_____ **Site plan** drawn to scale showing actual dimensions and shape of lot, location of proposed buildings and existing buildings, and driveway plan. Site plan to indicate how many feet structures will be from all property lines. (see example)

_____ **Legal Description** of property (please ask us for assistance if needed on this item)

_____ **Culvert Application** (if house is to be built on a Township Road)

_____ Two (2) sets of **architectural drawings**

_____ **Zoning Application Fee** (Up to 3000 sq. feet - \$1200, over 3000 sq. feet - \$1500)

PLEASE:

****APPLICATIONS MUST BE FILLED OUT IN PEN (no pencil) ****

****HOMEOWNER (not builder) MUST SIGN ALL BUILDING AND CULVERT PERMITS****

****PLEASE MAKE CHECKS PAYABLE TO BLOOM TOWNSHIP****

****SIGNATURES MUST BE ORIGINAL. WE CANNOT ACCEPT COPIES. ****

**BLOOM TOWNSHIP
8490 LITHOPOLIS ROAD
CARROLL, OHIO 43112
(614) 837-4387
Fax: (614) 837-7576**

**ALL APPLICATIONS MUST BE SIGNED BY
THE PROPERTY OWNER.**

**THE ONLY EXCEPTION WOULD BE IF THE
APPLICANT HAS POWER OF ATTORNEY**

THANK YOU,

BLOOM TOWNSHIP ZONING DEPARTMENT

Bloom Township Zoning Department
8490 Lithopolis Road
Carroll, OH 43112
(614) 837-4387
(614) 837-7576 (Fax)

Application for Residential Zoning Permit:

The undersigned understands per Bloom Township Zoning Resolution 412-414, all permits shall be conditioned upon the commencement of work within one year upon the filing of the application. If work is not completed within 2 years of the date of issuance, the permit shall expire. The undersigned swears or affirms that all information provided below is truthful and accurate.

SECTION I.

Property owners name(s) _____

Address of property where permit is to be issued _____

Current Mailing address: _____

Daytime/Evening/Cell Phone Numbers: () _____

Contact name/ phone number _____

Size of Lot _____ Acres

Road Frontage at Building Line (50' from the right of way) _____ feet

Front Yard Depth (measured from edge of right of way to front of house) _____ feet

Rear Yard Depth (measured from rear of house to rear property line) _____ feet

Right Side Width (measured from side of house to right property line) _____ feet

Left Side Width (measured from side of house to left property line) _____ feet

Total Square Footage of Living Space (excluding garages, basement, and unheated areas) _____

Approx. total of land and house upon completion (THIS IS NOT FOR TAXATION PURPOSES, this is for statistical purposes for Bloom Township): \$ _____

PLEASE NOTE: ALL SPACES ABOVE MUST BE COMPLETELY FILLED IN TO AVOID DENIAL OF APPLICATION.

SECTION II.

To complete application, the following information must be attached to this application:

- Legal description
- Site Plan DRAWN TO SCALE showing the plans for the proposed structure, as well as the actual shape of lot to be built on, exact size and location of any existing buildings if any and the location and dimensions of proposed building or alterations (note: Driveway plan must be included and how many feet each is from all property lines.
- Copies of APPROVED well and septic permits from the Health Department.
- Copy of Street Address Form approved from the County Engineer.
- 2 sets of architectural drawings.
- Culvert Application if house is to be built on a Township Road.

I certify that the information supplied in this application is true and correct and that all information requested is attached to it. I FURTHER CERTIFY THAT NO CONSTRUCTION HAS BEGUN WITHOUT THE PROPERTY ZONING PERMITS ISSUED.

Owner/Applicant _____ Date: _____

Owner/Applicant _____ Date: _____

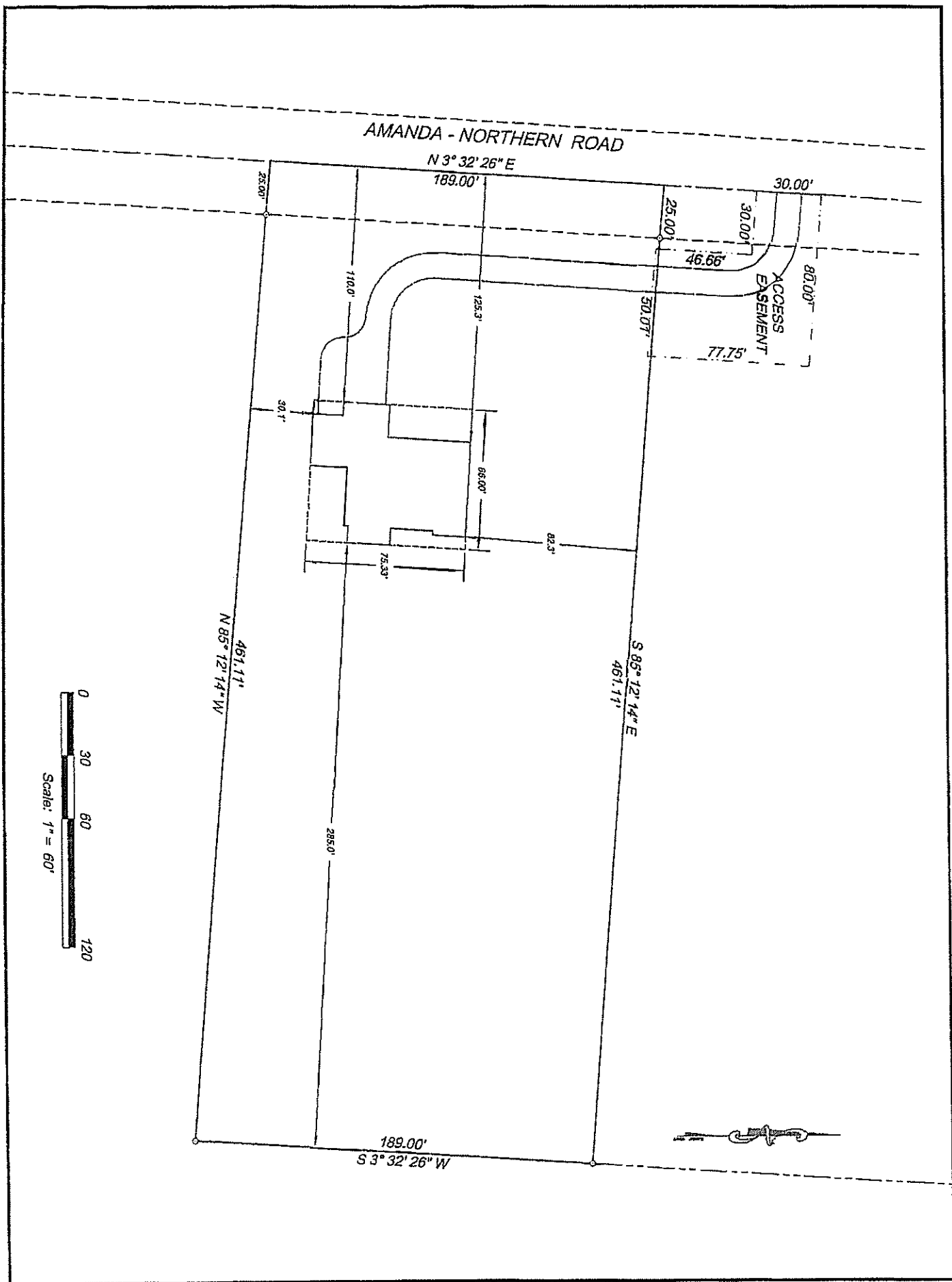
Karen Price, Zoning Processor

Date Received

Anne Darling-Cyphert, Board Administrator

Date Approved

EXAMPLE OF VALID "TO SCALE" SITE PLAN



**Bloom Township Road Department
8490 Lithopolis Road
Carroll, OH 43112
(614) 837-1968**

BLOOM TOWNSHIP DRIVEWAY/CULVERT/RIGHT OF WAY PERMIT APPLICATION

- Property Owners Name: _____
- Address for driveway/culvert _____
- Phone: _____

YOU MUST SUBMIT A SITE PLAN THAT SHOWS WHERE THE DRIVEWAY WILL BE INSTALLED WITH THIS APPLICATION.

RIGHT OF WAY PERMIT

No work shall be done or object placed within the right-of-way of a Township Road without a permit from the Bloom Township Road Superintendent. Large rocks, personalized mailboxes, and other such obstacles become liabilities in accidents resulting in injury or death. Permits are issued on request. No permission is granted for filling in the township ditch unless a separate permit is approved by the Road Department and the Bloom Township Board of Trustees.

DRIVEWAY DESIGN

Concrete driveways shall be allowed but they must be maintained at equal to or lower than the existing road surface. Concrete driveways shall have a strike joint at the township pavement where it meets the road. Strike joint shall be struck six feet from the edge of the road surface and another one at the edge of the township right-of-way.

Shared driveways are allowed only with a separate Shared Driveway Permit.

Per Bloom Township Zoning resolution #808.8, all driveways must be a minimum of five feet from adjoining property lines.

CULVERT DRIVEWAY PIPE

The culvert pipe shall be a minimum of 16 gauge, galvanized corrugated metal or double walled plastic (if approved) pipe, a minimum of 12 inches in diameter and shall be a minimum of thirty feet in length. Appropriate bands shall be used to join the necessary sections of pipe to prevent displacement. After the existing vegetation is removed from the roadside ditch, the culvert shall be underlaid with two inches of gravel and covered with sufficient gravel so that the completed installation will provide for drainage of water away from the existing Township Road pavement. Drainage into the right-of-way ditch shall be by permit only. Drainage of treated effluent shall be as a last resort only, and a permit application must be accompanied by a letter from the Fairfield County Health Department, stating that no other reasonable option is available.

PLANTINGS

It is recommended that there be no planting other than grass from the centerline of the road back thirty (30) feet.

RURAL MAILBOX

Mailbox supports must be in accordance with the current ODOT Design Manual. Supports for rural mailboxes must be of the "breakaway" type. Standard supports are a 4'x4' timber post, a 4½" round timber post, or a maximum of 2" I.D. metal post of standard wall thickness (2 3/8 O.D.). The front leading edge of the mailbox must be at least 2' from the traveled edge of the pavement. At no time shall a mailbox support be encased in concrete. Boxes should be 39" to 42" from the ground to the bottom of the box.

Builder and/or owner have read the above requirements and agree to the specifications.

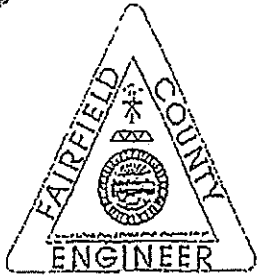
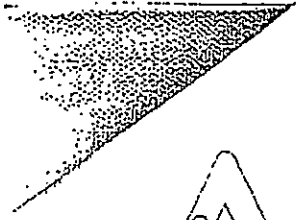
_____ Date _____
Property Owner

Road Superintendent's Culvert Instructions:

_____ Date _____
Road Superintendent

_____ Date _____
Anne Cyphert, Zoning Inspector

Example



Fairfield County Engineer
3026 West Fair Avenue
Lancaster, Ohio 43130-3854
Telephone (740)-687-7050
Fax (740) 687-7055

FRANK ANDERSON, P.E., P.S.
Fairfield County Engineer

Dear Resident:

The new address that you requested is

The purpose of this letter is to give you a better understanding of the Fairfield County Rural House Numbering System. A numbering system makes the rapid location of your home or business possible.

Your House Number was determined by using an interval from one of two base lines. One thousand numbers have been assigned to each mile, allowing blanks for future numbers. Your road, together with its two letter directional indicator (NE, NW, SE, SW), will show the direction from one of the two base lines. Rural delivery route and box numbers became obsolete in May 1978.

It is recommended that you display your number on both sides of your mailbox. This will help anyone traveling on the road to proceed in the proper direction to their destination. Your complete address is important to you for police, fire, and emergency assistance, utility companies, postal services, and to anyone trying to locate your home or business.

Regulations for a rural mailbox in Fairfield County are based on the Ohio Department of Transportation design standards. All supports for mailboxes shall be of a breakaway type. Standard supports are a 4" X 4" timber post, 4 1/2" round timber post, or a 2" I.D. standard steel pipe (2 3/8" O.D.). The leading edge of the mailbox shall be 2 1/2 foot minimum from the edge of the traveled pavement. Mailbox posts shall not be encased in concrete. A Permit is required to erect a mailbox, install a driveway, or for any work within the right-of-way on a County Road. Permit applications are available through the County Engineer's Office for County roads only. For a permit on a Township Road, contact your Township Trustees or the Ohio Department of Transportation, if you're on a State Highway.

Sincerely,

Thomas L. Hollett, Traffic & Permit Inspector
For: K. Todd May, E.I., Subdivision Engineer

EXAMPLE

Permit # 05 341

Receipt # 57836

New Installation Alteration

Department of Health
489
State Pike • Lancaster, Ohio 43130

PERMIT TO INSTALL & OPERATE A HOUSEHOLD SEWAGE TREATMENT SYSTEM

Site Address: _____ City: _____
Owner: _____ Township: Bloom
Mailing Address: _____ City: _____

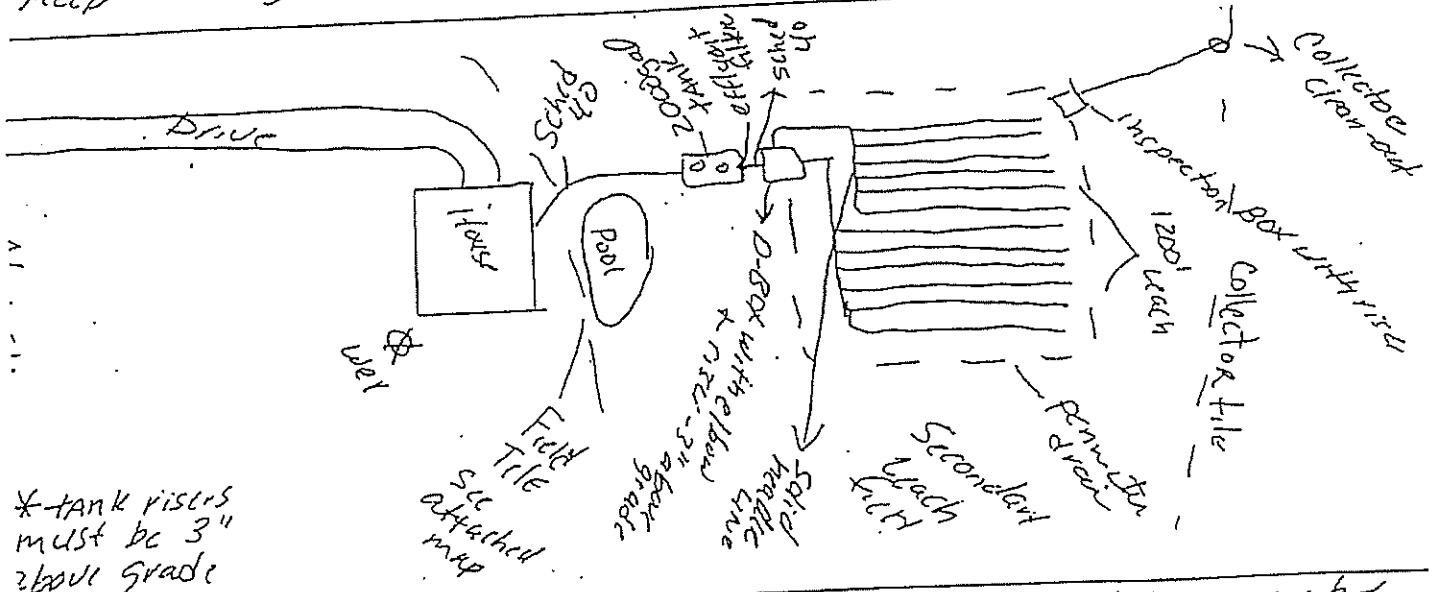
PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

System Requirements

Tank	Additional Treatment	Leaching/Discharge
Septic Tank: <u>2000 gal</u>	<input checked="" type="checkbox"/> Effluent Filter Required	Lineal feet of leaching: <u>1200'</u>
Aeration Tank: <u>NA</u>	<input type="checkbox"/> Class I Filter Required	Final Effluent to: _____
	<input type="checkbox"/> Chlorinator Required	<input type="checkbox"/> Perimeter Drain Required
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Drop Boxes Required

Permit issued by: Diana Hetherington Date: _____

Keep all fill off of leaching area also keep all heavy equipment off leaching area
Install leaching perpendicular to slope to keep leaching level + at depth of 18"-24"



* tank risers must be 3" above grade

any field tile hit during install must be repaired & rerouted around leaching. Any tile within leaching must be crushed

Example

Per 11-9-05 # 57836

Ohio Department of Health

Application/Permit for a Private Water System

PERMITS MUST BE COMPLETED	RECEIVED RECEIVED NOV 18 2005 NOV 09 2005	Permit # 2005-334
Health District Fairfield County		Fee \$ 269.00

ALL THAT APPLY	Water System will serve:	Sealing:
<input type="checkbox"/> New Installation <input type="checkbox"/> Alterations <input type="checkbox"/> Sealing <input type="checkbox"/> Emergency construction <input type="checkbox"/> Emergency alteration	<input checked="" type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Spring <input type="checkbox"/> Pond <input type="checkbox"/> Hauled Water Storage Tank	Sealing: <u>vacant lot</u> <input type="checkbox"/> Existing well, <u>New installation</u> <input type="checkbox"/> Existing well <input type="checkbox"/> Cistern/Hauled Water Storage Tank <input type="checkbox"/> Other

If the private water system will serve other than a single-family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 of the Ohio Administrative Code.

APPLICANT TYPE OR PRINT IN BALLPOINT PEN		ENTERED		Phone no.
Applicant				
Address				
City			State OH	ZIP
Number of property				
Address of property			Township bloom	
Water system contractor		Registration no.	Phone no.	

* The name of the Private Water Systems contractor must be provided to the local health district before the installation of the well, spring, cistern or pond per OAC 3701-28-03.

PLAN MUST BE ATTACHED TO THIS FORM
READ TO APPLICANT: It may be to your advantage to read the rules governing Private Water Systems, Chapter 3701-28 of the Ohio Administrative Code. This application will not be processed until the site plan is complete and this form bears the signature of the applicant and is accompanied by the appropriate fee.

I, the undersigned, hereby agree to install, construct, develop or alter the private water system named in this permit application in accordance with the attached site plan and all other applicable rules.

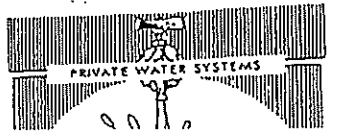
I also understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the private system named in this permit at any reasonable time prior to, during, or after completion of the work specified in this permit for the purpose of determining compliance with Chapter 3701-28 of the Ohio Administrative Code.

Applicant signature <u>David Crabell</u>	Date 10/20/05
---	------------------

IT WRITE BELOW THIS LINE Approved by (Registered sanitarian signature required) <u>Diana Utter, R.S.</u>	Date (Permit expires one year from this date) 11-21-05
--	---

Requested	Approved	Date
yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>	

Extension requested by	Date approved



Example

Ohio Department of Health Application/Permit for Private Water System Site Plan

Fairfield Depart. of Health

Permit number

Address of property

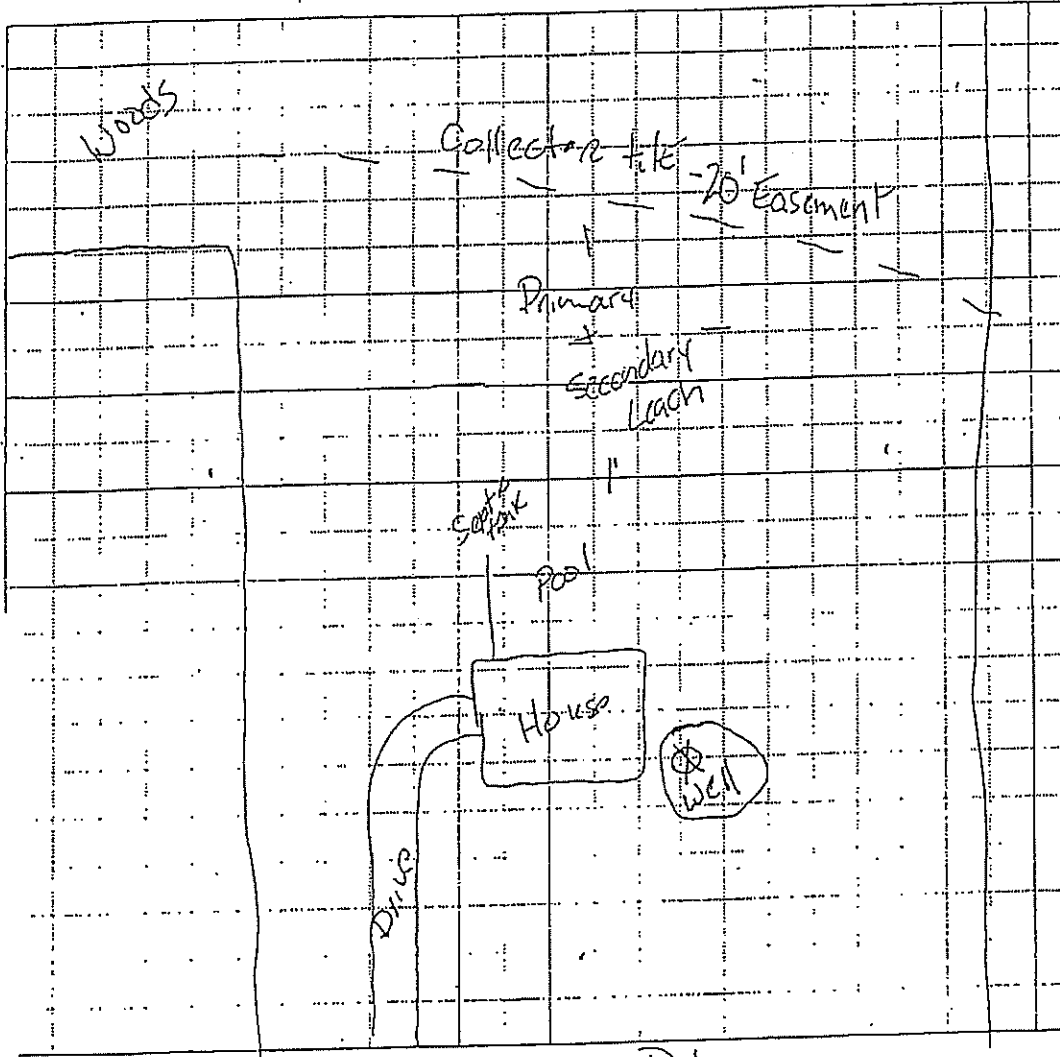
(Bloom)

Site plan prepared by

Diana Uther, RS

Clearly indicate the location or area of the proposed or existing private water system.
Please indicate scale and/or distance.

↑ North



Indicate distances between water source and the following existing or proposed items on the map on left. Minimum distances required by ORC 3701-28-10 are noted in parentheses.

Check List

- Location of PWS^{*} or Test Hole
- Road right-of-ways (25 ft) 100'
- Existing or properly sealed water wells (10 ft)
- Above or below ground storage tanks (5-300 ft)^{*}
- Property lines (10 ft) 75'
- Public roadways (25 ft) 100'
- Driveways (5 ft) 75'
- Easements (10 ft) 150'
- Sewer lines (10 ft) 50'
- Sewage disposal systems (50 ft) 50'
- Buildings (10 ft) 10'
- Houses (10 ft)
- Barn or feed lots, (100-500 ft)^{*}
- Outbuildings (50 ft)
- Oil and gas wells (100 ft)
- Streams, lake, ponds and ditches (25 ft)
- Manure ponds, lagoons or piles (50-300 ft)^{*}
- Lot lines (10 ft) 75'
- Land fills (1000 ft)
- Other possible sources of contamination

^{*} Please refer to OAC 3701-28-10

Comments

Alspach Rd

Bloom Twp. Fee Schedule

Permit costs are doubled if work starts before permit is issued.

New Residence Permit: **Up to 3000 sq. feet \$1200 per dwelling unit**
 Over 3000 sq. feet \$1500 per dwelling unit
(Includes Permits, Plan Review, Regularly Scheduled Inspections, and Culvert Permit if needed.)

Residential Addition: **\$500 for each addition to home**
(Includes Permits, Plan Review, and Regularly Scheduled Inspections)

Culvert/ Right Of Way Permit: **\$50**
(This fee is waived if purchased at same time as New Residence Permit)

Accessory Building	\$150
Private In-Ground Pool	\$150
Community In-Ground Pool	\$200
Re-inspection Fees / Temporary Occupancy Permits	\$100
Shared Drive Permit	\$100 (\$50 per property owner)

Amendment of Township Zoning	\$1000
Conditional Use Permit Renewal	\$50
Variance, Conditional Use, Appeals Hearings	\$350

Cellular Tower Permit Fees	\$1000 annually
-----------------------------------	------------------------

Signs	
0-5 Square Feet	\$20
Over 5 to 10 Square Feet	\$40
Over 10-15 Square Feet	\$100
Over 15 Square Feet	\$500

Commercial Permit Fees:
\$900 for the 1st 1,000 square feet and \$16.50 for each 100 square feet thereafter.

Please make all checks payable to Bloom Township