

CHECKLIST FOR APPLICATION FOR RESIDENTIAL ADDITION

****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)
- _____ 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) Can be drawn on legal survey.
- _____ Legal Description of property (please ask us for assistance if needed on this item)
- _____ Signed Health Department Notice about Fairfield Dept. of Health Plumbing Permits
- _____ Two (2) sets of architectural drawings
- _____ Residential Addition Fee \$500.00

PLEASE:

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

****HOMEOWNER (not builder) MUST SIGN PERMIT APPLICATION. SIGNATURE MUST BE ORIGINAL – NOT A COPY****

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

**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 Addition 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 and phone number _____

Size of Lot _____ Acres

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

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) _____

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 liens.
- Residential Additions fee of \$500.00

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.

Property Owner _____ Date: _____

Property Owner _____ Date: _____

For official use only

Karen Price, Zoning Processor

Date Received

Approval or Denial:

Anne D. Cyphert, Board Administrator

Date

NOTICE ABOUT FAIRFIELD DEPARTMENT OF HEALTH PLUMBING PERMITS:

The Fairfield Department of Health requires any new structure to have a plumbing permit if there is plumbing being added to the structure. In a collaborative effort, Bloom Township Zoning Department has agreed to provide this document to the Fairfield Health Department regarding all new construction in our township to obtain the necessary permits, if applicable, from their department. Call (740) 652-2800 to speak with a Department of Health Representative.

PROPERTY LOCATION:

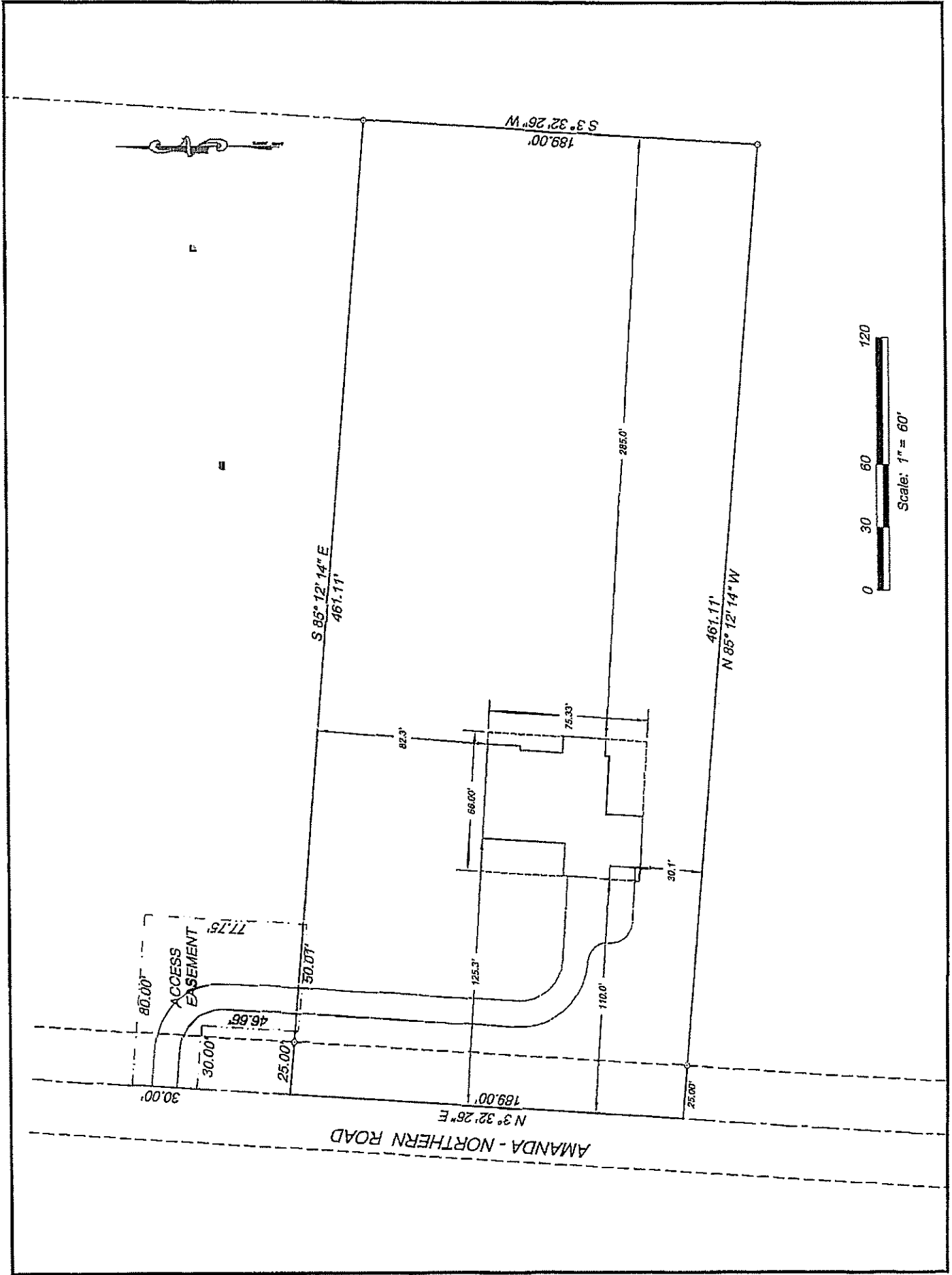
TYPE OF CONSTRUCTION: (new residence, residential addition, outbuilding, etc)

I will install new plumbing with my new structure: _____yes or _____no

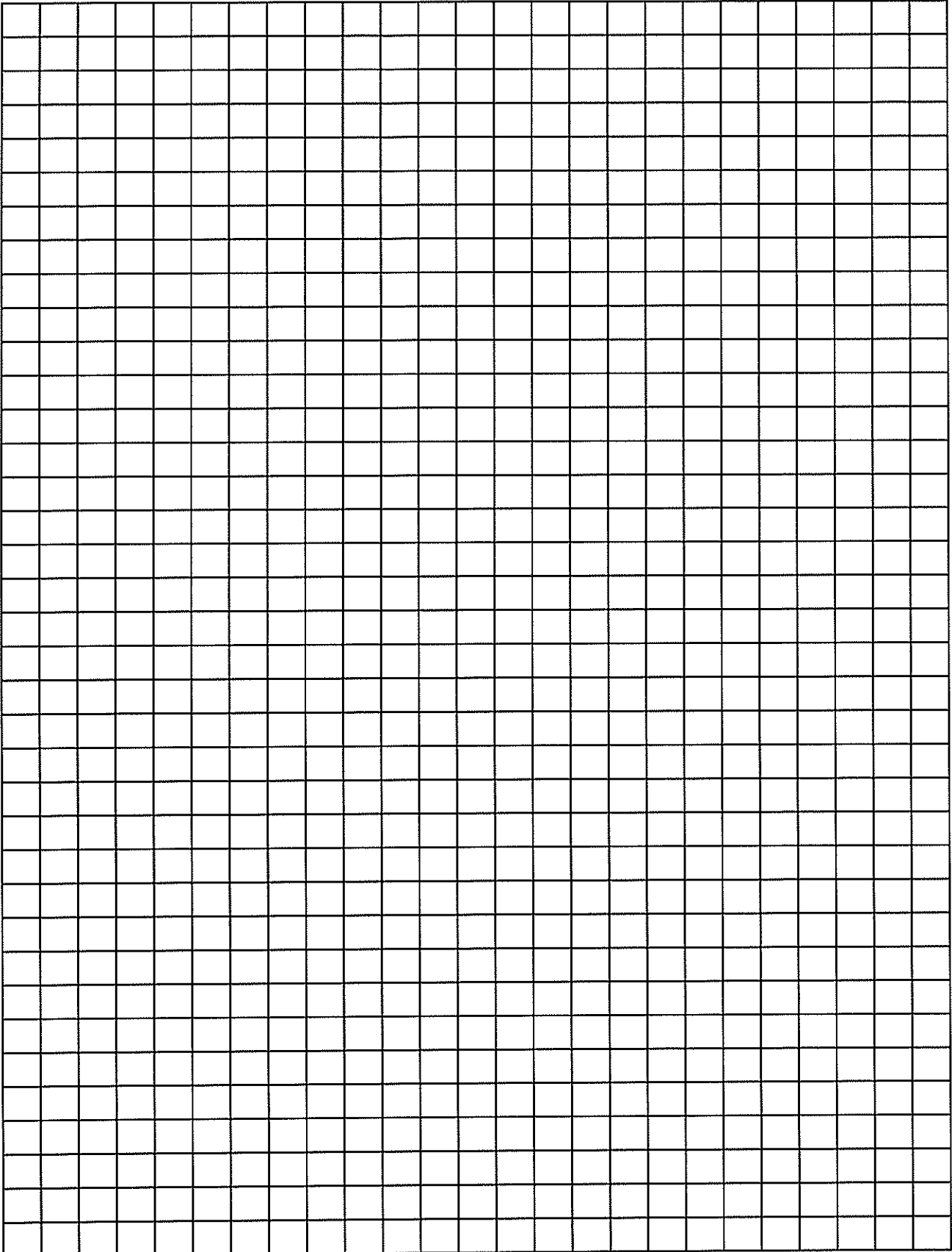
Signature of Applicant

Date:_____

Phone Number



EXAMPLE OF VALID "TO SCALE" SITE PLAN



If needed, use this form for To-Scale Site Plan
Scale is 1 square = 25 feet