

ZONING CERTIFICATE APPLICATION

PROPERTY INFORMATION	
Project/Property Address:	Parcel Number:
Project Name/Business Name:	Zoning: <i>(see Map)</i>
Variance #: <i>(if applicable)</i>	Acreage:

PERMIT SPECIFICATIONS	
TYPE OF PROJECT:	<input type="checkbox"/> Pergola under 200sf <input type="checkbox"/> Deck under 200sf <input type="checkbox"/> Other (Please Describe):
Description of work to be done:	

APPLICANT INFORMATION	
Applicant Name <i>(Primary Contact):</i>	Applicant Address:
Applicant E-mail:	Applicant Phone:
Business Name <i>(if applicable):</i>	
Property Owner Name: <i>(if different from Applicant)</i>	Property Owner Contact Information (phone no./email):

CONTRACTOR INFORMATION	
Contractor Name:	Contractor Business Name:
Contractor Phone:	Contractor Email:
Contractor Address:	Gahanna Contractor Registration No.:

ADDITIONAL INFORMATION ON NEXT PAGE....

INTERNAL USE

Zoning File No. _____

RECEIVED: _____
DATE: _____

PAID: _____
DATE: _____

**Updated
Jan 2022**



DEPARTMENT OF PLANNING

ZONING CERTIFICATE APPLICATION - SUBMISSION REQUIREMENTS

TO BE COMPLETED/SUBMITTED BY THE APPLICANT:	
1.	Review Gahanna Code for property's zoning designation (<i>visit Zoning Code</i>)
2.	Application & all supporting documents submitted in hardcopy OR digital format. https://ohga.onlama.com/
3.	Application fee paid (<i>in accordance with the Building and Zoning Fee Schedule</i>)
4.	Drawings & Specifications to include: <ul style="list-style-type: none"> - Exact location of proposed project on the property - Dimensions from structure to property lines - Type of material(s)
5.	Property plot plan or certified survey showing streets, structures, building lines, & easements. <i>Note:</i> <ul style="list-style-type: none"> • <i>Plot plans can be found at www.franklincountyauditor.com</i> • <i>Certified surveys can be found in the property owner's closing documents</i>
6.	The applicant must contact the City of Gahanna, Zoning Division at Zoning@gahanna.gov or at 614-342-4025 to schedule a fence inspection upon completion of installation.

APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED

I certify that the information on this application is complete and accurate to the best of my knowledge, and that the project as described, if approved, will be completed in accordance with the conditions and terms of that approval.

Applicant Signature: _____ Date: _____

PLEASE NOTE:

The application expires if no action is taken 6 months from the date of the last staff comment letter.