WASHINGTON TOWNSHIP-RICHLAND COUNTY-OHIO
PAGE 2 - PLOT PLAN SKETCHES

APPLICATION NUMBER _____

LOCATION: _____

LAND OWNER ADDRESS: _____

PLOT PLAN SKETCH

INDICATE NORTH AND DISTANCE TO ALL PROPERTY LINES

WASHINGTON TOWNSHIP – RICHLAND COUNTY – OHIO

APPLICATION FOR SOLAR ZONING CERTIFICATE AND NOTICE OF ZONING REQUIREMENTS

DATE OF APPLICATION_____APPLICATION NUMBER_____

APPLICANTS NAME_____

CERTIFICATE EXPIRES_____

ADDRESS_____CITY_____STATE___

ZIP_____

PERMIT FEE$_____CASH_____CHECK_____RECEIPT #_____

The undersigned hereby applies for a Solar Zoning Certificate for the following use, to be issued based on the representations contained herein, all of which applicant swears to be true.

1. **IF INTEGRATED OR ROOF MOUNT, LIST AREA TO BE COVERED IN SQ.FT._____**
   LOCATION_____
2. **NAME OF LANDOWNER_____ADDRESS_____**
   CITY/STATE_____PHONE_____
3. **SOLAR PANEL TYPE:**
   GROUND MOUNT_____
   ROOF MOUNT_____INTEGRATED_____
4. **FRONTAGE:_____DEPTH OF R/W:_____SET BACK:_____**
   LAND AREA:_____
   CLEARANCES:
   LEFT_____RIGHT:_____FRONT:_____REAR:_____
   IF GROUND MOUNT, DIMENSIONS OF COVERED AREA:_____X_____
5. **MAINTENANCE AND REMOVAL: ALL MAINTENANCE AND REMOVAL WILL BE THE RESPONSIBILITY OF THE PROPERTY OWNER. ANY SYSTEM THAT IS NON-WORKING FOR 30 DAYS IS CONSIDERED ABANDONED AND NEEDS TO BE REMOVED WITHIN 3 MONTHS AT THE PROPERTY OWNERS EXPENSE. ALL POLES OR STRUCTURES REMOVED AND LAND MUST BE RETURNED TO ITS ORIGINAL CONDITION BEFORE PANELS WERE INSTALLED. IF LANDSCAPE WAS REMOVED IT IS NOT NECESSARY TO REPLACE.**
6. **ESTIMATED COST;**
   $_____REMARKS_____
7. **CONTRACTOR:_____ADDRESS_____**
   PHONE_____
8. **ZONING OF AREA: R-_____B-_____I-_____**
   CLASS OF INTENDED USE: R-_____B-_____I-_____
9. **TO THE APPLICANT: NOTICE OF PUBLIC RECORDING OF APPROVAL**
   IF THIS APPLICATION IS APPROVED, THEN IT SHALL BE RECORDED BY THE TOWNSHIP WITH THE RICHLAND COUNTY, OHIO RECORDER AS TO YOUR DUTY AND THAT OF ALL FUTURE OWNERS OF THE NECESSITY TO COMPLY WITH WASHINGTON TOWNSHIP SOLAR ZONING.