



CITY OF PATASKALA PLANNING & ZONING DEPARTMENT

621 West Broad Street, Suite 2A
Pataskala, Ohio 43062

RESIDENTIAL CERTIFICATE OF COMPLIANCE APPLICATION

(Pataskala Codified Ordinances Section 1209)

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|---|---------|--------|---|--|--|
| Property Information | | | Staff Use | | |
| Address: | | | Application Number: | | |
| Parcel Number: | | | Fee: | | |
| Subdivision/Development Name: | | | Filing Date: | | |
| Lot/Building Number: | Zoning: | Acres: | Receipt Number: | | |
| Applicant Information | | | Documents | | |
| Name: | | | <input type="checkbox"/> Application | | |
| Address: | | | <input type="checkbox"/> Fee | | |
| City: | State: | Zip: | <input type="checkbox"/> New Residential Construction Application | | |
| Phone: | Email: | | <input type="checkbox"/> Certificate of Occupancy | | |
| Owner Information | | | <input type="checkbox"/> Board of Health Inspections | | |
| Name: | | | | | |
| Address: | | | | | |
| City: | State: | Zip: | | | |
| Phone: | Email: | | | | |
| Documents to Submit | | | | | |
| Residential Certificate of Compliance Application: Submit one (1) copy of the Residential Certificate of Compliance Application. | | | | | |
| Fee: Application fee of \$40 | | | | | |
| New Residential Construction Application: Submit one (1) copy of the New Residential Construction Application. | | | | | |
| Certificate of Occupancy: Submit one (1) copy of the Certificate of Occupancy issued by the Licking County Building Department. Please call the Licking County Building Department at 740-349-6671 to obtain a copy of the Certificate of Occupancy. | | | | | |
| Board of Health Inspections: Submit one (1) copy each of the well, septic and plumbing inspections from the Licking County Health Department if the property will not be served by central water and sewer. Please call the Licking County Health Department at 740-349-6535 to obtain copies. | | | | | |

| Important Information |
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| Applicability: Residential Certificate of Compliance Application is necessary for all new residential construction. |
| Basis for Approval: The followings item must be complete: <ul style="list-style-type: none"> • The yard area must be seeded and straw applied or have grass sod in place. • The driveway and apron must be installed according to the approved site plan. • The sidewalks must be installed according to the approved site plan (if applicable). • Required landscaping must be installed (if applicable). • Front lamp post must be installed (if applicable). • Building elevations much match those approved per the New Residential Construction Application. • Location of building and appurtenances must match those approved per the New Residential Construction Application. • All requirements of the Pataskala Utility Department must be met (if applicable). |
| Temporary Approval: If items required for approval are unable to me met due to extenuating circumstances, The Planning and Zoning Department, at their discretion, may approve a temporary Certificate of Compliance until the items can be completed with the following requirements. <ul style="list-style-type: none"> • A temporary Certificate of Compliance cannot exceed six (6) months. • Adequate erosion control must be installed and properly maintained. |
| Inspections: <ul style="list-style-type: none"> • The Pataskala Planning and Zoning Department will inspect the property, upon completion of construction, to ensure the requirements of the New Residential Construction Application have been met. • To schedule an inspection please call the Zoning Inspector at 740-927-3885. |

| Signatures | |
|---|-------|
| I certify the facts, statements and information provided on and attached to this application are true and correct to the best of my knowledge and understand the requirements for a residential certificate of compliance. Also, I authorize City of Pataskala staff to inspect the property as necessary as it pertains to this application. | |
| Applicant: | Date: |
| Owner: | Date: |

| Zoning Inspector | | |
|--|---|--|
| Compliance Checklist: | <input type="checkbox"/> Driveway and Apron | <input type="checkbox"/> Sidewalks |
| <input type="checkbox"/> Buildings and Appurtenances | <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Utilities/Health Department |
| Temporary Approval: | <input type="checkbox"/> Temporarily Approved | Expiration: _____ |
| Zoning Inspector: _____ | Date: _____ | |
| Conditions: | | |
| Final Approval: | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
| Zoning Inspector: _____ | Date: _____ | |
| Conditions: | | |

