



AVPOA

113 Hasbrouck Circle
Howard, OH 43028
P: 740-397-3311 F: 740-397-2927
Hours: (M-F) 8:30 am - 4:30 pm
www.applevalleypoa.com

Form 100-HG

Project Type:

- HOME and/or
- GARAGE

Project Number *(For Internal Use Only)*

Recvd. _____ By: _____

Reviewed: _____

Submitted to ACC: _____

Submitted to Board: _____

_____ Phone Mail

Approved Disapproved

Date: _____

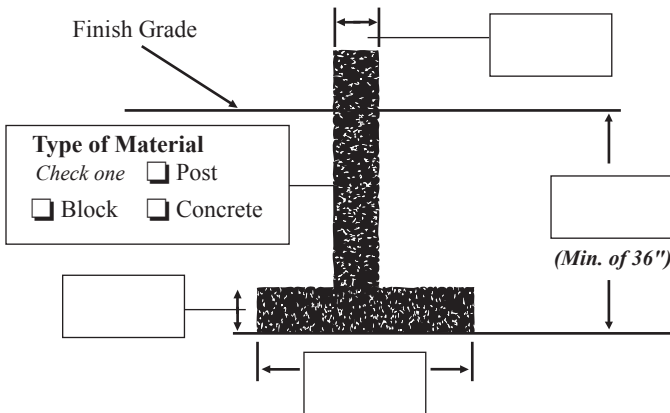
Architectural Committee

Project Address: _____
Subdivision/Lot No.: _____
Property Owner's Name: _____
Address: _____
City _____ State _____ Zip _____
Home Phone: _____
Work Phone: _____
Contractor's Name: _____
Business Phone: _____ Mobile Phone: _____

Structure Detail

Sq. Footage: Ground Level _____ **Roof Pitch:** _____
Second Story _____ **Total Heights:** _____
1/2 Story _____ **Deck(s) Size:** _____

Foundation & Footer



Materials & Colors

EARTHTONE ONLY: A color sample must be submitted with this form. To remain consistent with the Restrictive Covenants and Bylaws. The color must be AVPOA APPROVED EARTHTONE in nature and consistent with the Architectural Control Committee color samples.

Exterior:

Vinyl Siding Wood Siding Brick or Stone Composition

Other: _____

Color: _____

Trim:

Vinyl Wood Aluminum Other _____

Color: _____

Fascia:

Vinyl Wood Aluminum Other _____

Color: _____

Roofing Shingles:

Three Tab Dimensional Metal - Gauge: _____

Year: 15 20 25 Other: _____

Color: _____

Type of Structure: Stick Build Modular

Other: _____

Points: *This section only applies to Home Construction.*

In order to receive a building permit for your new home, YOU MUST MEET the 60-point REQUIREMENT.

Check all that apply.

100 Sq. Ft. above Twp. Min or 400 Sq. Ft. above Twp. Min for Total Living Space (15)

6" x 12" or Steeper Roof (5)

Attached Garage (15)

Cedar Siding/Log Home (15)

Concrete Driveway (10)

Covered Front Porch (10)

Full Basement (15)

Masonry Brick or Stone Front (15)

(greater than 50% of the viewable frontage excluding windows and doors)

Metal Roof (10)

(main roof)

Total Points _____

Knox County Water and Wastewater Department

• Phone 740-397-7041 • 17602 Coshocton Road • Mount Vernon, Ohio 43050



WATER & SEWER HOUSE APPROVAL

Subdivision & Lot# _____ Project Address _____

Owner _____ Contractor Name _____

Address _____ Address _____

Phone _____ Phone _____

Request Date _____ Excavator _____

Expiration Date _____ Phone _____

Basement _____ Walkout _____ Crawl Space _____ Slab _____

Depth of Cut for Basement _____

Bath in Basement Yes _____ No _____

Total Baths _____

House Staked Out Yes _____ No _____

Driveway Entrance Staked Yes _____ No _____

Notice: Pressure Regulator Required on all Water Services

For Office Use Only

Suggested Water Service Size Outside _____

Approximate Sewer Location and Depth _____

House Staked to Lateral _____

Comments _____

Checked by _____ Date _____

Date P.O.A. Received _____ Time _____

P.O.A. Approval Date _____

Application for Brown Township Zoning Certificate

Sec. 519.16 R.C.

Brown Township, Knox County

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS BOX

To the Board of Township Trustees: The undersigned hereby applies for a Zoning Certificate for the following use; to be issued on the basis of the representations contained herein, all of which applicant says are true:

APPLICATION NO. _____

PLEASE PRINT CLEARLY

1) Contact Information:

Location of Property: _____

Name of Land Owner: _____

Address: _____

Phone: _____ Mobile #: _____

Contractor: _____

Phone: _____ Mobile #: _____

2) Proposed Use:

- New Construction
- Room Addition
- Accessory Building
- Residence ____ No. of Families
- Business
- Manufacturing
- Sign Board Size _____
- Other (explain below, use additional sheet if necessary)

3) Set Backs, Dimensions, and Sketch with Scale Drawing of Structures

On a separate sheet of paper, sketch the lot showing existing buildings and proposed construction or use, for which application is made. (Fill in all dimensions and indicate North). Attach with application.

Set Backs:

Main Road Frontage: _____ ft.

Set back from road right of way: _____ ft.

Side yard clearance: Left side: _____ ft.

Right side: _____ ft.

Rear yard clearance: _____ ft.

Depth of lot from right of way: _____ ft.

Dimensions of Building:

Width: _____ ft.

Length: _____ ft.

Highest point: _____ ft.

First floor: _____ sq. ft.

Second floor: _____ sq. ft.

Buildings:

Number of stories: _____

Basement: yes no circle one

Off street parking: _____ sq. ft.

Usable floor space designed for use as living quarters, exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories.

4) Driveway Culvert Requirements:

Please contact a Township Trustee for more information

Fees:

Home (new)\$500

Accessory building (new)\$300

Home or Accessory additions:

0-500 sq. ft. ...\$100

501-1000 sq. ft. ...\$200

1001-1500 sq. ft. ...\$300

1501-2000 sq. ft. ...\$400

2001 and higher sq. ft. ...\$500

5) Remarks: _____

6) Signatures:

Signed (Applicant)

----- Do not write below this line -----

Upon the basis of Application No. _____,
the statement in which are made a part hereof, the proposed use is
_____ found to be in accordance with the
Township Resolution and hereby _____
for the FR-1 District. (approved - rejected)

Signed (Brown Township Zoning Inspector)

Date application received: _____

Date application ruled on: _____

Fee Paid: \$ _____