

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-RA

# **Project Type: ROOM ADDITION**

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

approved
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# Structure Detail Square Footage: Ground Level \_\_\_\_\_\_ Second Story \_\_\_\_\_\_ 1/2 Story \_\_\_\_\_ Roof Pitch: \_\_\_\_\_\_ Total Heights:

Finish Grade	<b>├</b>	
Time of Material		
Type of Material  Check one Post Block Concrete		(Min. of 34")

#### **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:

#### **Set Backs**

Please indicate which type of lot.

	☐ Standard Lot Setbacks:																
Front Side (					_ (1	(8' or 10% of width which											
Right Side				-													
Left Side																	
Back Side ( <i>Min. of 8'</i> )																	
	Cor	ner	Lo	t S	etb	ack	s:										
Fre	Front Side ( <i>Min. of 25'</i> )																
Str	eet Si	de _				(Min. of 20')											
No	n-Stre	eet S	Side				_ (8'	or 1	0%	of w	idth	whic	ch ev	er is	gre	ater)	,
Ba	ck Sic	le _				(M	in. o	f8')									
Pleas	e indic	cate	all s	setbo	acks	, me	easu	rem	ents,	, roc	ıd fr	onte	iges	anc	l ea	seme	ents:
	·		-											-	-		

#### **Acknowledgements:**

#### 1. Requirements of Inspections:

Once this form is submitted to the Architectural Control Committee, I understand my lot must be staked and strung before AVPOA will do an **Initial Inspection** at which time the committee will have 30 days to approve or deny the project.

After excavating to the necessary depth and footers are formed, a **Footer Inspection** is required prior to pouring footer.

Once the project is complete AVPOA will need to conduct a **Final Inspection**.

24 HOUR INSPECTION NOTICE: I also understand that I must contact AVPOA, during regular business hours, to schedule an inspection and allow them a 24 hour notice.

Structure Type	AVPOA Initial Inspection	AVPOA Footer Inspection	Final AVPOA Inspection	
Room Addition	<b>V</b>	~	~	

#### 2. Building and Construction Requirements

15.5.2 of the AVPOA Bylaws: Continuous concrete footer and block or concrete foundation is required on all dwellings, garages, and boathouses exceeding 180 square feet. All exterior walls shall be supported on a footer extending at least 34 inches below finish grade and in addition, a minimum of 24 inches below natural grade on solid, stable undisturbed natural soil.

**3. Set Backs:** 8' or 10% of the width of the property's rear and side lines, which ever is greater.

#### **4. Maximum Dwelling Height -** 2-1/2 Stories

#### **5.** Additional Permits:

This project may also require to have the approval of the township in which it is occurring in - be it Howard or Brown Township.

**6. Signs:** Only 1 contractor sign consistent with Article 16.3 of the AVPOA Bylaws may be displayed during construction/repair, and must be removed upon completion of construction/repair.

#### 7. AVPOA Restrictive Covenants & Bylaws

This project is regulated by the AVPOA Restrictive Covenants, Bylaws, and the Architectural Control Rules and Regulations, and must be complied with accordingly. Available upon request.

#### **8.** Change Orders

ANY change to the Approved Plans will require resubmission of the changes and a new Form 100-RA.

By signing below, I hereby swear to the accuracy of these plans and acknowledge that any change must be approved by the Apple Valley Property Owner's Association and that they may be given an injuction to cease construction or remove any structure that deviates from this document.

Owner's Signature:	Date:
Contractor's Signatura:	Dota

## **Application for Brown Township Zoning Certificate**

Sec. 519.16 R.C.

#### BROWN TOWNSHIP, KNOX COUNTY

To the Board of Township Trustees: The undersigned hereby applies for a Zoning Certificate for the following use; to be

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS BOX APPLICATION NO.

issued on the basis of the representat	ions contained herein, all of which a  • PLEASE PRINT		2) Proposed Use:
1) Contact Information:		OLLANLI	New Construction Room Addition
Location of property:			Accessory Building
Name of Land Owner:			Residence No. of Families
Address:			Business
			Manufacturing
Phone:			Sign Board Size
Contractor:			Other (explain below, use additional sheet if necessary)
Phone:	Mobile #:		use duditional sheet if necessary)
(Fill in all dimensions and indicate  Set Backs:  Main road frontage: ft.  Set back from side of road right of Side yard clearance: si s  Rear yard clearance: ft.  Depth of lot from right of way:	North). Attach with application.    Dimensions     Width:   Length:   Highest point of the control	s of Building:ftft. of building: ft.	Buildings:  Use:  Number of stories:  Basement: (Usable floor space designed for use as living quaters, exclusive of basements, porches, garages, breezeways, terraces, attics, or or partial stories.  First floor: sq. ft.  Second floor: sq. ft.
	Inspector for more information. The lley's Publication of the Cider Press.	-	Off street parking: sq. ft.
,	PLICANT)  — Do not write below		Fees: Homes (New)
	— — Do not write below	w this time — —	
Upon the basis of Application No		X	
the statement in which are made a	HIP ZONING INSPECTOR)		
	ound to be in accordance with the	BROWN TOWN	SHIP, KNOX COUNTY
		Date application re	eceived:
Township Zoning Resolution and h	ereby(approved-rejected)		aled on:
for the FR-1 District.			