### AVPOA 113 Hasbrouck Circle Howard, OH 43028 P: 740-397-3311 F: 740-397-2927

#### Form 100-MG

P: /40-39/-3311 F: /40-39/-292 Hours: (M-F) 8:30 am - 4:30 pm www.applevalleypoa.com

#### Project Type: MFD. HOME and/or GARAGE

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

Recvd.	By:
Reviewed:	
Submitted to ACC:	
Submitted to Board: _	
	_ Phone D
Approved Dis	sapproved
Oate:	
architectural Committee	

## Manufactured Date: Measures: Lenght \_\_\_\_\_ x Width \_\_\_\_\_ Square Footage: Ground Level \_\_\_\_\_ Second Story \_\_\_\_\_ 1/2 Story \_\_\_\_\_

**Structure Detail** 

Overhang including Guttering:

**Roof Pitch:** 

**Total Heights:** 

Deck(s) Size:

# Foundation & Footer Finish Grade 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.

☐ Vinyl Siding ☐ Wood Siding ☐ Brick or Stone ☐ Composition
☐ Other:
Color:
Trim:

☐ Vinyl ☐ Wood ☐ Aluminum ☐ Other

Color: \_\_\_\_\_

#### Fascia:

☐ Vinyl ☐ Wood ☐ Aluminum ☐ Other _	
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#### Roofing Shingles:

Rooting Sningles:						
Thr	ee Tab	Dim Dim	ensional	☐ Metal - Gauge:		
		¬ • •				

rear.	1	 	Union.	
Color				

C0101.	
Type of Structure:   Stick Build	☐ Modular

#### 1. Requirements of Inspections: In order to receive a building permit for your new home, YOU MUST MEET the 60-point REQUIREMENT. Once this form is submitted to the Architectural Control Committee, I understand my lot must be staked and strung before AVPOA will do Check all that apply. an **Initial Inspection** at which time the committee will have 30 days ☐ Full Basement (15) □100 Sq. Ft. above Twp. Min to approve or deny the project. ☐ Masonry Brick or or 400 Sq. Ft above Twp. Min Stone Front (15) for Total Living Space(15) After excavating to the necessary depth and footers are formed, (greater than 50% of the viewable a Footer Inspection is required prior to pouring footer. $\Box$ 6" x 12" or Steeper Roof (5) frontage excluding windows and doors) Attached Garage (15) ☐ Metal Roof (10) Once the project is complete AVPOA will need to conduct a Cedar Siding/Log Home (15) (main roof) **Final Inspection**. Concrete Driveway (10) 24 HOUR INSPECTION NOTICE: I also understand that I must Covered Front Porch (10) Total Points \_\_\_\_\_ contact AVPOA, during regular business hours, to schedule an inspection and allow them a 24 hour notice. **Set Backs** Please indicate which type of lot. AVPOA AVPOA Structure Footer Inspection Height Inspection AVPOA Inspection ☐ Standard Lot Setbacks: ☐ Corner Lot Setbacks: Dwelling/Home Front Side (Min. of 25') Front Side \_\_\_\_\_ (Min. of 25') Right Side (8' or 10% of width which ever is greater) Garage Street Side \_\_\_\_\_ (Min. of 20') Non-Street Side (8' or 10% of width which Back Side (Min. of 8') 2. Building and Construction Requirements ever is greater) 15.5.2 of the AVPOA Bylaws: Continuous concrete footer and block or Back Side \_\_\_\_\_ (Min. of 8') concrete foundation is required on all dwellings, garages, and boathouses exceeding 180 square feet. All exterior walls shall be supported on a Please indicate all setbacks, measurements, road frontages and easements: footer extending at least 34 inches below finish grade and in addition, a minimum of 24 inches below natural grade on solid, stable undisturbed **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-MG. 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.

Contractor's Signature:

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

**Acknowledgements:** 

\_\_\_\_\_ Date: \_\_\_\_

#### **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 a system on the basis of the representations contained herein, all of which applicant says are true:

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

issued on the basis of the representations			2) Proposed Use:
1) Contact Information	<ul> <li>PLEASE PRINT</li> </ul>	CLEARLY •	New Construction
1) Contact Information:			Room Addition
Location of property:			Accessory Building
Name of Land Owner:			Residence No. of Families
Address:			Business
Phone:			Manufacturing Sign Board Size
Contractor:			Other (explain below,
Phone:			use additional sheet if necessary)
3) Set Backs, Dimensions, a On a separate sheet of paper, sketch the (Fill in all dimensions and indicate North	lot showing existing buildings a	O	tructures ction or use for which application is made.
Set Backs:	Dimensions	of Building:	Buildings:
Main road frontage: ft.	Width:	_ ft.	Use:
Set back from side of road right of way	Length:	_ ft.	Number of stories:
Side yard clearance: side _	Highest point of	of building: ft.	Basement:
Rear yard clearance: ft.  Depth of lot from right of way:			(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.
4) Driveway Culverts Require Please contact Township Zoning Insp is listed in the back of Apple Valley's	ector for more information. The	-	Second floor: sq. ft.  Off street parking: sq. ft.
5) Remarks:			<b>P</b>
6) Signatures: X Signed (APPLIC	ANT)		Fees: Homes (New)
	— Do not write below	v this line — —	
Upon the basis of Application No		X	
the statement in which are made a part h	nereof, the proposed use is		SHIP ZONING INSPECTOR) NSHIP, KNOX COUNTY
found	to be in accordance with the		
Township Zoning Resolution and hereby	r		received:
	(approved-rejected)		ruled on:
for the FR-1 District.		Fee paid: \$	

#### **Knox County Water and Wastewater Department**

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



#### WATER & SEWER HOUSE APPROVAL

Subdivison & Lot#		Project Address			
Owner	Address				
Address					
Phone					
Request Date	Excavator				
Expiration Date		Phone	·		
Basement	Walkout	Crawl Space	ce	_ 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 Requiator	r Required on all	Water Services			
	For O	ffice Use Only			
Suggested Water Service Size	ze Outside				
Approximate Sewer Location	and Depth		<del></del>		
House Staked to Lateral					
Comments					
Checked by		<del> </del>	Date _		
Date P.O.A. Received		<u> </u>	Time		
P.O.A. Approval Date					