

APPLICATION FOR ZONING PERMIT
Marshallville, Ohio

Application No. _____

The undersigned applied for a zoning permit for the following use, said permit to be issued on the basis of the information contained within this application. The application hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form to submit plans, in triplicate and drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations.

1. Locational Description: Subdivision Name _____
Section _____ Township _____ Range _____
Block _____ Lot No. _____
(If not located in platted subdivision attach a legal description)

2. Name of Owner _____
Mailing Address _____
Phone Number Home _____ Business _____

3. Existing Use _____

4. Property Presently Zoned As _____

5. Proposed Use
New Construction _____ Business _____
Remodeling _____ Industry _____
Accessory Building _____ Sign _____ Size _____
Residence _____ No. of Units _____ Other (explain) _____

(If proposed use in business or industry enclose a detailed description of the nature of the business or industry)

6. Type of Sewage Disposal _____

7. Percentage of lot to be occupied _____ %

8. Lot Width _____ Lot Depth _____ Lot Area _____

9. Square Feet of Living Area (Residences) _____ sq. ft.

Garage _____ Basement _____ Accessory Bldg. _____

Commercial _____ Industrial _____ Office _____

10. Building Heights: Stories _____ Feet _____

11. Yard Dimensions: Front _____ Rear _____

One Side _____ Sum of Side Yards _____

12. Accessory Building Dimensions: Height _____ Side Dimensions _____

13. Number of Off-Street Loading Berths to be Provided _____

15. On a separate sheet attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

NOTE: This permit shall be void if work is not started within one year or completed within 2½ years.

Signature _____ Date _____

(For Official Use Only)

Date Received _____ Fee Paid _____

Date of Action on Application _____ Approved _____ Denied _____

If application denied, reason for denial _____

Zoning Inspector