

DATE: ____ - ____ - ____

APPLICATION FOR ZONING PERMIT

PERMIT NO: _____

AUGLAIZE TOWNSHIP, ALLEN COUNTY, OHIO

7726 BELLEFONTAINE ROAD, HARROD, OHIO 45850

THE UNDERSIGNED HEREBY APPLIES FOR A ZONING PERMIT FOR THE USE STATED BELOW WITH THE FULL UNDERSTANDING THAT THE REPRESENTATION SET FORTH BELOW, EACH OF WHICH APPLICANT REPRESENTS TO BE TRUE, WILL BE RELIED UPON IN THE ISSUANCE OF SUCH ZONING PERMIT:

- 1. LOCATION OF PROPERTY: _____
- 2. PROPERTY PARCEL NUMBER: _____ AREA OF LOT: _____ OR ACRES: _____
- 3. CURRENT ZONING: _____ PRESENT LAND USE: _____
- 4. OWNER NAME: _____ PHONE NO: _____
- 5. ADDRESS: _____
- 6. SEWAGE: PUBLIC OR PRIVATE **ATTACH COPY OF PERMIT FROM HEALTH DEPARTMENT**
- 7. WATER: PUBLIC OR PRIVATE **ATTACH COPY OF PERMIT FROM HEALTH DEPARTMENT**
- 8. STORMWATER MANGEMENT PERMIT: **ATTACH COPY OF PERMIT IF REQUIRED**
- 8a. IS ANY PORTION OF THIS PROPERTY IN A FLOOD PLAIN? **YES OR NO**
- 9. DRIVEWAY PERMIT: AUGLAIZE TWP OR ALLEN CO. ENGINNER'S OFFICE **ATTACH COPY OF PERMIT**
- 10. **ATTACH A SKETCH OF PARCEL:** DRAWN TO SCALE SHOWING ACCESS ROAD/DRIVEWAY, EXISTING AND NEW CONSTRUCTION AND FLOOD PLAIN MARKED IF ANY.
- 11. PROPOSED USE: _____ AGRICULTURAL _____ BUSINESS _____ MANUFACTURING
 _____ NEW CONSTRUCTION _____ REMODELING _____ ACCESSORY BUILDING
 _____ SIGN _____ DEMOLITION _____ OTHER

MOBILE HOME DATE: ____ - ____ - ____ REMOVED / DATE: ____ - ____ - ____ REPLACED _____ SQ. FT.

BUILDING USE: _____

NUMBER OF APARTMENTS: _____ NUMBER OF OFF STREET PARKING SPACES: _____

NUMBER OF STORIES: (ABOVE GROUND) _____ SQ. FOOTAGE: _____ BASEMENT: _____ ATTIC: _____

- 12. NAME OF ROAD OR STREET ON WHICH PROPERTY FRONTS _____
- 13. NAME OF ROAD OR STREET ON SIDE OF PROPERTY IF APPLICATABLE _____
- 14. MAIN ROAD FRONTAGE _____ FEET
- 15. FRONT SET BACK FROM CENTER LINE OF ROAD OR STREET _____ FEET
- 16. SIDE YARD CLEARANCE _____ FEET REAR YARD CLEARANCE _____ FEET
- 17. DEPTH OF LOT FROM CENTER LINE OF ROAD OR STREET _____ FEET
- 18. NEW BUILDING DIMENSIONS: WIDTH _____ DEPTH _____ HEIGHT _____
- 19. TOTAL FOOT PRINT OF BUILDING: _____ SQ. FEET
- 20. TYPE OF CONSTRUCTION: _____
- 21. REMARKS: _____

SIGNATURE OF OWNERS _____ DATE: ____ - ____ - ____
 _____ DATE: ____ - ____ - ____

PERMIT FEE: \$ _____ CHECK # _____ **NO CASH PLEASE** DATE: ____ - ____ - ____

911 SIGN: YES _____ NO _____ SIGN: \$10 **Y or N** POST: \$7 **Y or N** FEE PAID: _____ CHECK# _____

UPON THE BASIS OF THE ABOVE APPLICATION AND STATEMENTS THEREIN CONTAINED, THE PROPOSED USE **(IS) (IS NOT)** AUTHORIZED BY THE ZONING RESOLUTION OF AUGLAIZE TOWNSHIP, ALLEN COUNTY, OHIO, AND **(IS) (IS NOT)** THEREFORE APPROVED.

TOWNSHIP ZONING INSPECTOR _____ DATE: ____ - ____ - ____