



APPLICATION FOR ZONING PERMIT

Please include three (3) copies of this application when submitting to the Zoning & Compliance Officer.

Application No. _____

Permit Request for: Dwelling Accessory Structure Addition Other No. of Dwellings _____

1. Applicant: _____ Telephone: _____
(first name) (last name)

Address: _____
(street) (city) (state) (zip code)

2. Owner (if different than applicant) _____ Telephone _____
(first name) (last name)

Address _____
(street) (city) (state) (zip code)

3. Please attach Legal Description of Property as part of this application.

CRITICAL DIMENSIONS:

- a) Width of property at front of construction: _____ ft.
- b) Set back from right of way: _____ ft.
- c) Side yard clearance (facing construction Main Road): Right Side: _____ ft. Left Side: _____ ft.
- d) Rear yard clearance: _____ ft.
- e) Building height at higher point: _____ ft.

4. Existing use of the property: _____

5. Proposed use of the property: _____

6. Zoning District: Residential/R1 General Business/GB Conservation District (C-1)
 Continuing Care Retirement Community (CCRC) Manufacturing/M1
 Agricultural/AG Planned Unit Development/PUD

7. As part of this application, please include one set of sketched plans showing the dimensions and the shape of the lot to be built upon; the size and location of existing buildings on the lot, if any; and the location and dimensions of the proposed building(s) or alteration.

8. Number of off-street parking spaces or loading berths: _____ 9. Number of dwellings: _____

10. Such other matters as may be necessary to determine conformance with, and provide for the administration of this resolution as determined by the Board of Township Trustees in accordance with Section 313: _____

11. I certify the above to be correct and understand that misinformation on this application will cause the issued permit to be void.

Applicant Signature: _____ Date of Submittal: _____

Zoning & Compliance Officer: _____ Date of Issuance: _____