APPLICATION FOR ZONING PERMIT

Form No. 1
Application No. _____

Date:

Monroe Township, Ohio

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. In addition to the information requested on this form, the applicant is required 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.

Section Township Range Block Lot No. (If not located in platted subdivision attach a legal description.) 2. Property Owner Balliang Address Phone Number: Home Business Number Business Number: 3. Existing Use Business Number Addition to Existing Use Additionstrial: Single Family Construction Two Family Construction Multi Family Construction Addition to Existing Review of Planned Unit Development Manufactured Home Sign Review of Planned Unit Development Manufactured Home Sturder Home Lot Acrea (ACRES) Corner Lot Structure/Sign Data: A. Dwelling/Commercial/Industrial: First Floor (SQFT) Second Floor (SQFT) Additional Floor (SQFT) Basement Garages (SQFT) Number of Stories Basement Garages (SQFT) Number of Stories Height C. Sign Temporary Permanent Billboard Front Side (SQFT) Back Side (SQFT) Height (Ground Level to Highest Point in FT) Sign Setback From R/W (FT) 7. District Required Yard/Setbacks (FT) For Structures: Front (From R/W) Back Sides Sides Number of Off-Street Parking Spaces to be Provided Number of Off-Street Loading Berths to be Provided Is this property located in an identified flood plain? 10. On a separate sheet attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel needs clarification. Diet This permit shall be void if work-is not started within one year or completed within 2 is years. By signing below, you certify that a Summary of or or does not require approval through the Licking County Building Code Department has been given to you.		Zoning District		roperty Location		1.
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