

APPLICATION FOR ZONING PERMIT
Monroe Township, Ohio

Form No. 1
Application No. _____

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.

1. Property Location _____ Zoning District _____
Section _____ Township _____ Range _____ Block _____ Lot No. _____
(If not located in platted subdivision attach a legal description.)
2. Property Owner _____
Mailing Address _____
Phone Number: Home _____ Business Number _____
3. Existing Use _____
4. Type of Zoning Requesting:
Single Family Construction _____ Two Family Construction _____ Multi Family Construction _____
Commercial/Industrial Construction _____ Accessory Building Construction _____ Remodeling _____ Addition to Existing Structure _____
Sign _____ Review of Planned Unit Development _____ Manufactured Home _____
5. Lot Width (FT) _____ Lot Depth (FT) _____ Lot Area (ACRES) _____ Corner Lot _____
6. Structure/Sign Data:
 - A. Dwelling/Commercial/Industrial:
First Floor (SQFT) _____ Second Floor (SQFT) _____ Additional Floor (SQFT) _____ Basement (SQFT) _____
Garages (SQFT) _____ Number of Stories _____
 - B. Accessory Building
Total (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 _____
8. Number of Off-Street Parking Spaces to be Provided _____ Number of Off-Street Loading Berths to be Provided _____
9. 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.

NOTE: This permit shall be void if work-is not started within one year or completed within 2 ½ years. By signing below, you certify that a Summary of residential work that does or does not require approval through the Licking County Building Code Department has been given to you.

Signature _____ Date: _____

(For Official Use Only)

Date Received _____ Fee Paid _____ Approved _____ Denied _____
Reason for Denial _____

Signature (Zoning Inspector) _____ Date: _____