

HOCKING TOWNSHIP, FAIRFIELD COUNTY, OHIO
APPLICATION FOR ZONING PERMIT

Permit Number _____

The undersigned applies for a Zoning Permit for the purpose stated. The requested Zoning Permit is issued on the basis of the information contained within this application. The Applicant hereby certified 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 drawn to scale, showing the actual dimensions and shape of the lot, exact size and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations.

1. **Property Description:** Subdivision Name: _____ Section _____
Township: 14, Range: _____ Lot No.: _____
(If parcel is not located in a platted subdivision, a legal description must be attached)
2. **Name of Owner:** _____
Current Mailing Address _____
Property Address this application is for: _____
Phone Number: Home _____ Business _____ Cell: _____
3. **Existing Use:** _____
4. **Property is presently zoned as:** _____ **Estimated cost of project \$** _____
5. **Proposed Use:** () New Construction () Business: _____
() Accessory Bldg. _____ () Industrial: _____
() Sign Size: _____ () Residential No. Units: _____
6. **Type of sewage system:** _____ **Health Department Approval required!**
7. **Lot size:** Width _____ Depth: _____ **Total Area:** _____ sq. ft.
8. **Total square feet of living area (Residential):** _____
9. **Building size:** Number of stories _____ **Total height of structure:** _____ ft.
10. **Yard dimensions (in feet)** Front: _____ X _____ Rear: _____ X _____
One side: _____ Sum of side yards: _____
11. **Accessory building dimensions (in feet):** Height: _____ Width: _____ Length: _____
Type of structure _____ **Personal Use** _____ **Commercial** _____ **Agriculture** _____
12. **If this is a Commercial Application please state the following:**
Total number off-street spaces to be provided: Parking _____ **Loading Berths:** _____
13. **On a separate sheet attach a list of other supplemental requirements of conditions that will be met, or provide additional information you feel is necessary to clarify your application.**

This permit application applies only to Hocking Township Zoning Resolutions. The Applicant understands that additional permits may be required from one or more governing agencies, or other regulatory agencies. The Applicant understands it is their responsibility to contact the appropriate agencies and comply with their regulations. Further, the Applicant understands this permit is void if the work is not started within 1 year or is not completed within 2 ½ years _____ (Applicant please initial)

Applicant's signature: _____ **Date:** _____

For Zoning Office Use Only

Date Zoning Application was received _____ **\$** _____ **Application Fee Received**
Cash or Check # _____
() Approved () Denied

Date action was taken on Application: _____
Date Occupancy permit was issued: _____

Zoning Inspector