

### Wayne Township Zoning Permit Application

**Applicant Information:**

NAME	STREET	CITY	ZIP
PHONE:	PHONE2:		

**Property Information:**

OWNER	STREET	CITY	ZIP
PARCEL# (REFER TO CLERMONTAUDITORREALESTATE.ORG)			
PROPERTY USE		EXISTING	
PROPOSED			
PHONE:	PHONE2:		

Note: Please include a detailed description of the nature of the business or industry if proposed use is **Commercial or Industrial** (Attach separate sheet if necessary)

**Proposed Construction:**

Accessory Building <input type="radio"/>	ECHO <input type="radio"/>	Mobile Home Replacement <input type="radio"/>	Addition / Alteration <input type="radio"/>
Fence <input type="radio"/>	Multi-Family Residence <input type="radio"/>	Deck <input type="radio"/>	Pool <input type="radio"/>
Single Family Residence <input type="radio"/>	Home Occupation <input type="radio"/>	Sign <input type="radio"/>	Zone District Change <input type="radio"/>
Other <input type="radio"/>			

Main road frontage: _____ feet	Set back from side of road right of way: _____ feet	Side yard clearance: Right: _____ Left: _____	Rear yard clearance: _____ feet
Depth of lot from right of way _____ feet	Dimensions of building: Width: _____ feet Depth: _____ feet	Highest point of building above the established grade: _____ feet	Applicant: _____ Print Name

Type of Occupation / Business			
Gross Floor Area (Attach Sketch)			
Occupation Floor Area			
Names of other persons engaged and relation – indicate “Resident” where appropriate			
Name	Relation	Address	

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supporting Information**

1. One (1) set of plans that include the following:
  - a. Plot plan showing size and shape of lot with all dimensions. Include size and location of all existing and proposed building and structures
  - b. Complete floor plan and elevations of all proposed structures
  - c. Location, size and details of all applicable signage
  - d. Location and quantity of applicable parking spaces
2. Payment according to Fee Schedule

**NOTE:** The boundaries of all proposed structures must be clearly marked with flags, paint, or similar markers that show the extent of additions, alterations, etc.

*The applicant hereby certifies that all the information and attachments are true and accurate. The applicant further understands this zoning permit is subject to Clermont County Building & Health Department Codes. This permit is also subject to Highway Department Driveway Tile Code when applicable. Construction must begin within 90 days and be completed within one (1) year.*

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

APPROVED	<input type="radio"/>	DENIED	<input type="radio"/>
APPROVED DATE	_ / _ / _	DENIED DATE	_ / _ / _
APPROVED BY		DENIED BY	
REASON FOR DENIAL:			