

# Application For Zoning Permit Newark Township, Ohio

Application No. \_\_\_\_\_

Date \_\_\_\_\_

Form NIZONING.CDR

The undersigned applies for a zoning permit for the following use; said permit is to be issued on the basis of the information contained in this application. 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 sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations. The applicant certifies that no part of the land involved in the application has been previously used to provide required yard space or lot area for another structure.

Address/Location of Property \_\_\_\_\_

Name of Land Owner \_\_\_\_\_

Address of Land Owner \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Existing Use \_\_\_\_\_

Present Zoning District \_\_\_\_\_

Proposed Use:  Residential  Single-Family  Two-Family  Multi-Family  
(Check all that apply)  Commercial  Accessory Structure  Satellite Dish

Other (describe) \_\_\_\_\_

Lot Width at Building Line \_\_\_\_\_ Lot Area (sq. ft.) \_\_\_\_\_

Off-Street Parking/Loading: \_\_\_\_\_ Spaces Type of Surface \_\_\_\_\_  
(Commercial Only) Number of Loading Berths \_\_\_\_\_

Building Height: Stories \_\_\_\_\_ Feet \_\_\_\_\_ Building Width: \_\_\_\_\_ Building Depth: \_\_\_\_\_

Residential Floor Area: (Gross horizontal area of all floors (excluding unfinished basement areas) measured between exterior faces of walls) \_\_\_\_\_ Sq. Ft.

Number of Residential Dwelling Units: \_\_\_\_\_ Non-Residential Floor Area \_\_\_\_\_

Accessory Buildings: Width \_\_\_\_\_ Depth \_\_\_\_\_ Project Cost \_\_\_\_\_

Signage: Width \_\_\_\_\_ Height \_\_\_\_\_ Number of Faces \_\_\_\_\_ Set Back \_\_\_\_\_

**THIS PERMIT SHALL EXPIRE AND SHALL BE REVOKED IF WORK HAS NOT BEGUN WITHIN THREE (3) MONTHS OR IS NOT SUBSTANTIALLY COMPLETE WITHIN EIGHTEEN (18) MONTHS OF ISSUANCE**

The applicant hereby certifies that all information and attachments to this application are true and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_ Date of Action on Application \_\_\_\_\_

Approved  Disapproved Reasons or Comments \_\_\_\_\_

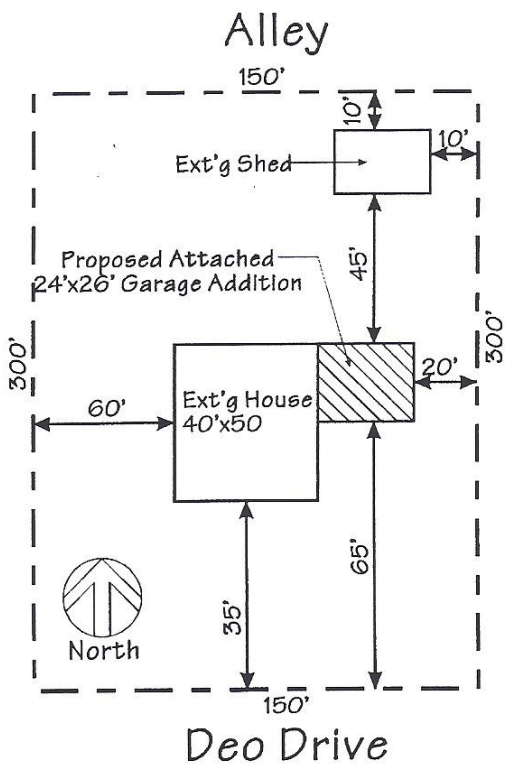
Zoning Inspector \_\_\_\_\_

*Supplement to*  
**Application For Zoning Permit**  
 Newark Township, Ohio

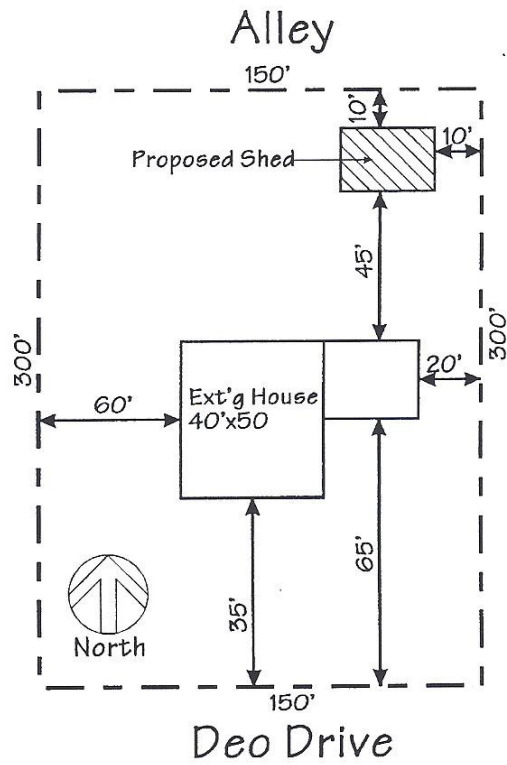
**INFORMATION CHECKLIST**

Prior to submitting application please verify that you have provided the following:

- Well and Septic System Permit issued by Licking County Health Dept.
- Application for Zoning Permit, with all applicable blanks filled
- Site plan (overhead view of property showing all existing and proposed structures and all portions thereof, all distances between buildings and property lines/other buildings) – See example below
- Applicable fee (if known)
- Attach this checklist and any supplemental drawings/forms to the Application



Sample of Addition to Ext'g Building



Sample of New Detached Building