

Permit Number: _____

APPLICATION FOR ZONING PERMIT Madison Township, Licking County, Ohio

The undersigned applies for a zoning permit for the following use. Said permit is 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 a copy of the 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 building(s) or alteration(s).

1. Location of Property (Address): _____
Location Description: Subdivision Name*: _____
Section: _____ Range: _____ Block: _____ Lot Number: _____
(* If not in a platted subdivision, attach a legal description.)
Property presently zoned as: Agriculture; Business; Conservation; Manufacturing; Residential - single family;
Residential - multi-family.

2. Name of Landowner(s): _____
Mailing Address: _____
Telephone Number: _____

3. Name of Occupant (If different from landowner): _____

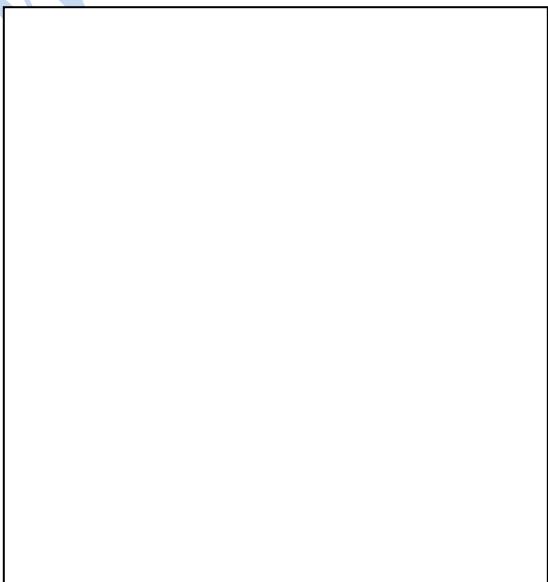
4. Proposed Usage: Accessory Building - dimensions _____; Addition; Business; Deck; Garage;
(Check all that apply.) Manufacturing; New Construction; Office; Other - _____
Porch; Remodeling; Residence - single family; Residence - multi-family (number of units: _____);
Sign Board - size: _____; Swimming Pool.

5. Is this an application for "temporary residence" permit? Yes; No; Not Applicable (Expires one year from date of issue.)

6. Sketch a lot, showing existing building and proposed construction or use for which is application is being made.

(Fill in all directions and indicate which direction is north.)

- A. Main road frontage: _____ feet. Not Applicable
- B. Set back from side of right-of-way: _____ feet. Not Applicable
- C. Side yard clearance: _____ side _____ feet. Not Applicable
_____ side _____ feet. Not Applicable
- D. Rear yard clearance: _____ feet. Not Applicable
- E. Depth of lot from right-of-way: _____ feet. Not Applicable
- F. Dimensions of proposed project: Width: _____ feet. Not Applicable
Depth: _____ feet. Not Applicable
- G. Highest point of building above established grade: _____ feet.
- H. Width and length of driveway: _____ feet.
Is a driveway culvert required? Yes; No; Not Applicable
- I. Off street parking space: _____ square feet. Not Applicable
- J. Number of stories: _____ Not Applicable
- K. Basement: Yes; No; Not Applicable
- L. The property is/is not located in a flood plain. (Strike out inappropriate.)



7. Useable floor space: First floor - _____ square feet. Not Applicable
Second floor - _____ square feet. Not Applicable

8. Water supply permit number (obtained from Licking County Board of Health): _____ Not Applicable

9. Septic/sewage disposal permit number (obtained from Licking County Board of Health): _____ Not Applicable
Type of sewage disposal system: _____

REMARKS: _____

Signature of Applicant(s): _____ Date: _____

This permit shall be void if work is not started within one year or completed within 2 1/2 years. NOT TRANSFERABLE.

*****For Official Use Only*****

Upon the basis of this application, the statements in which are made a part thereof, the proposed usage is _____ found to be in accordance with the Madison Township Zoning Resolution and is hereby:

- A. Approved for the following zoning district: AG; B-1; C; M-1; R-1; R-2.
- B. Denied. Reason: _____

Date

Signature of Zoning Inspector