

OHIO TOWNSHIP ZONING PERMIT APPLICATION

DATE ISSUED: _____ PERMIT #: _____

LOCATION OF PROPERTY: _____

PROPERTY OWNER: _____

OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

BUILDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

ZONING DISTRICT: _____ PARCEL ID#: _____

SETBACKS: _____ From right property line
 _____ From left property line
 _____ From back property line
 _____ From front property line

ACREAGE: _____ TOTAL SQUARE FEET: _____

NUMBER OF STORIES: _____ HEIGHT: _____

PROPOSED USE OF BUILDING STRUCTURE: _____

DESCRIPTION OF CONSTRUCTION: _____

ESTIMATED COST: _____

WORKER'S COMPENSATION INFORMATION: _____

INSURER: _____ POLICY #: _____

NAME OF POLICY HOLDER: _____

ZONING PERMIT FEE: _____

APPLICANT'S SIGNATURE: _____

ZONING OFFICER'S SIGNATURE: _____