

APPLICATION FOR ZONING PERMIT

BERLIN TOWNSHIP, OHIO

The undersigned applies for a zoning permit for the following use, said permit 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. The applicant is required, in addition to the information requested on this form, to submit plans and drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot and, and the location and dimensions of the proposed buildings or alterations.

1. Erie Co. Tax Parcel number of lot to be built upon _____
2. Name of Owner: _____
 Mailing Address: _____
 Phone Numbers: Home _____ Work _____
3. Existing Use: _____
4. Property presently zoned as: _____
5. Proposed **use and cost** of building, addition, accessory building, etc.:

Check mark here if proposed structure is for:

Personal use _____	Farm use _____	Business use _____	Industrial use _____
Residence \$ _____	Single family _____	Yes / No _____	No. of Units _____
New Construction \$ _____		Business \$ _____	
Remodeling addition \$ _____		Industry \$ _____	
Accessory Building \$ _____			
Sign \$ _____	Size of Sign _____		
Wind Turbine \$ _____	Height at tip of blades _____		
Swimming Pool \$ _____	Other (explain) _____		

If the proposed use is for commercial or industrial purposes, attach a detailed description of the nature of the business or industry. It is the property owner's responsibility to obtain a permit from the Ohio Department of Commerce for a change in use or new construction. Contact the Ohio Department of Commerce at 614-644-2622.

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6. Percentage of lot to be occupied: _____

7. Lot: Width _____ Depth _____ Lot Area _____

8. Square feet of Construction Area: Residence _____

Garage _____ Basement _____ Accessory Building _____

Commercial Bldg _____ Industrial _____ Deck _____

9. Building Heights: Stories _____ Feet _____

10. Yard Dimensions: Front _____ Rear _____

One side _____ Sum of side yards _____

11. Accessory building dimensions: Height _____ Side of dimensions _____

12. Number of off-street parking spaces to be provided: _____

13. Number of off-street loading berths to be provided: _____

14. On a separate sheet attach a sketch of proposed structure showing dimensions and location of structure on lot in relation to other buildings/structures. Include other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

NOTE: This permit shall be void if work is not started within one (1) year, or completed within 2 1/2 years.

I hereby acknowledge that the information which I have provided on this application will be used to determine whether a zoning permit will be issued. I further acknowledge that this permit, if issued, will authorize only the specific use which I have stated in this application.

Owner's Signature: _____ **Date:** _____

..... **FOR OFFICIAL USE ONLY**

Date Received: _____ Fee Paid: \$ _____

Date of Action on Application: _____ Approved: _____

Denied: _____ Reason for denial: _____

Zoning Inspector