

APPLICATION FOR ZONING PERMIT  
Washington Township  
Union County, Ohio

Application Date: \_\_\_\_\_ Application #: \_\_\_\_\_

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, in duplicate and 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.

1. Location Description: \_\_\_\_\_
2. Name of Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_
3. Existing Use: \_\_\_\_\_
4. Property Presently Zoned as: \_\_\_\_\_
5. Proposed Use: \_\_\_\_\_
- New Construction \_\_\_\_\_ Business \_\_\_\_\_ Remodeling \_\_\_\_\_  
Industry \_\_\_\_\_ Accessory Building \_\_\_\_\_ Sign \_\_\_\_\_  
Size \_\_\_\_\_ Residence \_\_\_\_\_ No. of Units \_\_\_\_\_  
Other (Explain) \_\_\_\_\_

(If proposed use is business or industry, enclose a detailed description of the nature of the business or industry.)

6. Type of Sewage Disposal: \_\_\_\_\_
7. Percentage of lot to be occupied: \_\_\_\_\_ %
8. Lot Width: \_\_\_\_\_ Lot Depth: \_\_\_\_\_ Lot Area: \_\_\_\_\_
9. Square Feet of Living Area (Residences): \_\_\_\_\_ sq. ft.
10. Square Feet in Garage: \_\_\_\_\_ Basement: \_\_\_\_\_ Accessory Bldg.: \_\_\_\_\_  
11. Square Feet of Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_ Office: \_\_\_\_\_
12. Building Heights: \_\_\_\_\_ Stories: \_\_\_\_\_ Feet: \_\_\_\_\_  
13. Yard Dimensions: \_\_\_\_\_ Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
One Side: \_\_\_\_\_ Sum of Side Yards: \_\_\_\_\_  
14. Accessory Building Dimensions: Height: \_\_\_\_\_ Feet: \_\_\_\_\_ Side: \_\_\_\_\_  
Yard Setback: \_\_\_\_\_ Rear Yard Setback: \_\_\_\_\_
15. Number of Off-Street Parking Spaces to be Provided: \_\_\_\_\_
16. Number of Off-Street Loading Berths to be Provided: \_\_\_\_\_

17. On a separate sheet attach a list of 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 180 days or completed within 1 ½ years.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Official Use Only

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Date of Action on Application: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If application denied, reason for denial: \_\_\_\_\_

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