

**PARIS TOWNSHIP  
APPLICATION FOR ZONING PERMIT**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE ATTACHED TO APPLICATION:**

1. Legal description of property.
2. Plans in duplicate showing:
  - actual dimensions and shape of lot to be built upon
  - location and dimensions of proposed building(s) or alterations
3. Existing use \_\_\_\_\_  
\_\_\_\_\_
4. Proposed use \_\_\_\_\_  
\_\_\_\_\_
5. Zoning District \_\_\_\_\_
6. Building Heights \_\_\_\_\_  
\_\_\_\_\_
7. Number of Off-Street Parking spaces/loading berths \_\_\_\_\_
8. Number of dwelling units \_\_\_\_\_
9. Other matters as may be necessary to determine conformance with, and provide for the enforcement of this Resolution. (attach additional pages if necessary)  
\_\_\_\_\_  
\_\_\_\_\_
10. Proposed signage (attach drawings of signage, exact dimension and location)
11. Number of employees \_\_\_\_\_

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If granted, the permit shall expire and may be revoked if work has not begun within six months or substantially completed within one and one-half (1 and 1/2) years.

I hereby attest to the truth and exactness of all information supplied on this application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Application for Zoning Permit of \_\_\_\_\_  
(name of applicant)

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FOR OFFICIAL USE

Date Received \_\_\_\_\_ Date Filed \_\_\_\_\_ Date of Hearing \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
date date

Authorized Signature \_\_\_\_\_  
Zoning Board

NOTICE:

1. THE ZONING PERMIT, IF APPROVED, IS CONDITIONED UPON THE TRUTHFULNESS AND COMPLETENESS OF THE APPLICATION. SHOULD THE INFORMATION CONTAINED IN THIS APPLICATION BE DETERMINED TO BE INACCURATE OR MISREPRESENTATIVE THEN THE PERMIT OR USE MAY BE WITHDRAWN BY THE BOARD OF ZONING APPEALS
2. CONDITIONED USES REMAIN IN EFFECT AS ALLOWED BY THE BOARD OF ZONING APPEALS BUT IN NO EVENT SHALL CONDITIONED USES BE ALLOWED UPON CHANGE OF OWNERSHIP FROM THE APPLICANT TO ANY OTHER PERSON OR ENTITY
3. FEES PAID ARE NON-REFUNDABLE