

APPLICATION FOR ZONING PERMIT

6050 N. Clarksville Rd., Waynesville, OH 45068
(513) 897-3010; erinhartsock@waynetownship.us

CONSTRUCTION SITE INFORMATION

Address: _____

Parcel ID/Sidwell: _____ Subdivision: _____ Lot #: _____

Owner's Information

Name: _____ Phone: () _____

Mailing Address: _____ Email: _____

Agent's Information (if applicable)

Name: _____ Phone: () _____

Mailing Address: _____ Email: _____

TYPE OF ZONING REQUEST

Single Family Residence

- New
- Addition
- Remodel

Residential Accessory Building

- Garage
- Shed
- Pole Building

Swimming Pool

- Above Ground
- In-Ground

Deck

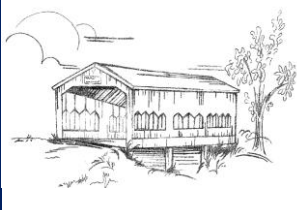
Sign

- Type: _____
- Date to be removed (If temporary)

Tower

- Telecommunications
- Antenna
- Wind Turbine
- Hamm Radio

Other (explain): _____



WAYNE TOWNSHIP, WARREN COUNTY, OHIO

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SITE PLAN INFORMATION

Lot:

Width _____ Depth: _____

Acreage: _____

Structure:

Dimensions: _____

Height: _____

Setbacks:

Distance from property lines to proposed construction:

Front: _____ Back: _____

Side: _____ Other side: _____

Required Support Documents:

- Plot Plan
- Current Deed and survey
- 1 set of construction plans may be required

By signing below, I certify that all of the information above is to the best of my knowledge and belief true, correct and complete. Said zoning permit to be issued on the basis of the information contained within this application and the plan attached hereto.

Agent/Owner (Circle one):

Print name

Signature

Date