

St Albans Township

Alexandria, OH 43001

APPLICATION FOR Zoning Permit

APPLICATION NUMBER _____

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. In addition to the information requested on this form, the applicant is required to submit plans 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. Name of Applicant _____

Mailing Address _____

Phone # Home _____

Business _____

Cell _____

Email Address _____

2. Existing Use _____

3. Zoning Type _____

4. Property Location _____

5. Lot width (FT) _____ Lot Depth (FT) _____ Lot Area (ACRES) _____

6. District Required Yard/Setbacks (FT) for Structures:

Front (From R/W) _____ Back _____ Sides _____

7. Number of Off-Street Parking Spaces to be provided _____

8. Is this property located in an identified flood plain? _____

9. On a separate sheet attach a list of other supplemental requirements of conditions that will be met, or explain any points you feel needs clarification.

10. This permit shall be void if work is not started within one year or completed with 2 ½ years.

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For Official Use Only

Date Issued \_\_\_\_\_ Date of Notice to parties of Interest \_\_\_\_\_ Date of Check \_\_\_\_\_