

Application for Zoning Permit
Dover Township, Ohio

Application No. _____

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information contained herein 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 drawn to scale showing the actual dimensions and shape of the exact lot, and the location and the dimensions of the proposed buildings and alterations.

IMPORTANT: A single-family dwelling is defined as 1,200 sq. ft. minimum. Duplexes are not permitted within Dover Township without a conditional use permit.

1. Location of Property _____

2. Name of Owner _____

Mailing Address _____

Phone (Home) _____ (Work) _____ (Cell) _____

3. Name of Contractor or Person Performing Work _____

Mailing Address _____

Phone _____

4. Existing Use _____

5. Presently Zoned as _____

6. Proposed Use: New Construction Business Industry Resident Accessory Building

Other _____

Sign Size _____

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

7. Type of Sewage Disposal _____

8. Number of Off Street Parking Spaces to be Provided _____

9. Number of Off Street Loading Berths to be Provided _____

(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.)

This permit shall be void if work is not started within one year or completed within two years. The undersigned acknowledges the construction described on this permit shall not be altered or changed and will comply with ALL Dover Township Zoning Regulations in addition to zoning, flood plain and Ohio building code regulations. Please contact the Township Zoning Inspector at the office or visit www.dovertownship.us for information about Township Zoning Regulations.

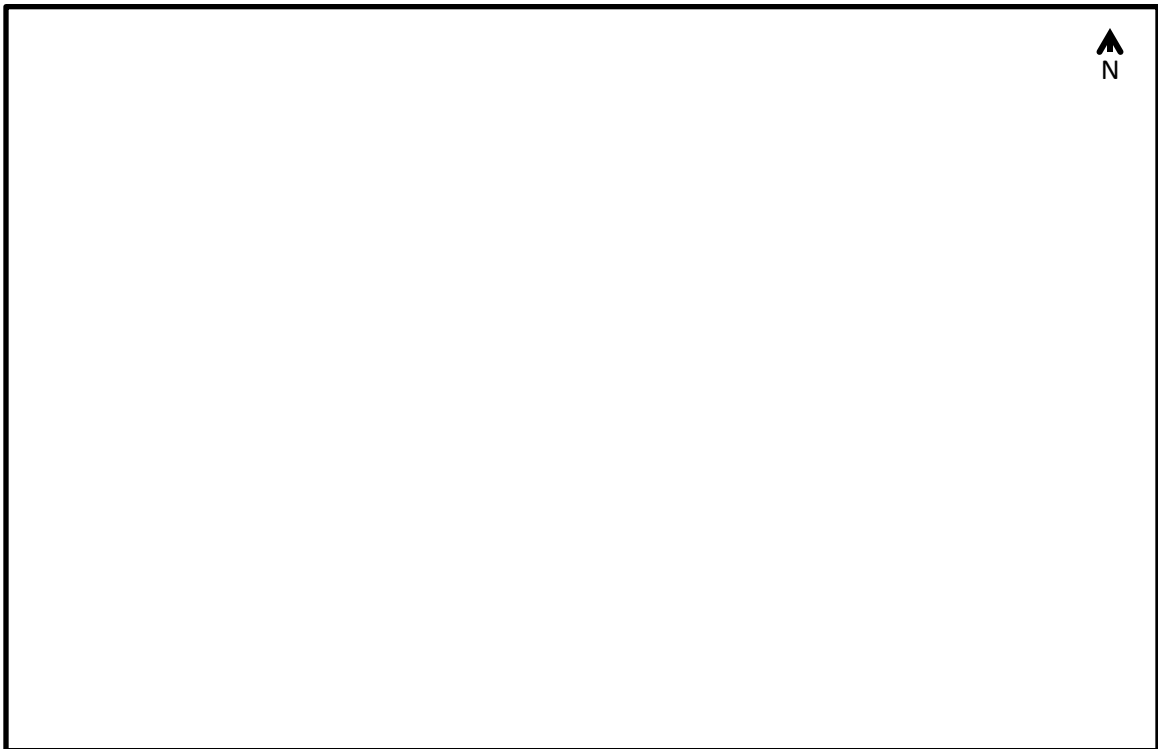
Signature: _____

Date _____

APPLICATION LAYOUT SHEET

1. Main Road Frontage _____ Feet
2. Set Back from Road Right of Way _____ Feet
3. Side Yard Clearance Left Side _____ Feet
Right Side _____ Feet
4. Rear Yard Clearance _____ Feet
5. Depth of Lot from Right of Way _____ Feet
6. Dimensions of Building Width _____ Feet
Length _____ Feet
7. Highest Point of Building _____ Feet
(Above Existing Grade)
8. Driveway Set Back from Property Line _____ Feet

Sketch of lot, showing the existing buildings and proposed construction or use for which application is made. (Fill in all dimensions and indicate north)



Official Use Only

Date Received _____ Fee Paid _____

Date of Action on Application _____ Approved

Denied

If Denied Reason for Denial _____

Signature _____