

ZONING PERMIT APPLICATION
FRANKLIN TOWNSHIP, MERCER COUNTY
NON-RESIDENTIAL ADDITION

Permit#: _____
Date filed: _____
Zoning District: _____

Principal use: _____

Address of property: _____

Lot# and subdivision: _____

Estimated cost of improvements: _____

Owners name: _____

Owner's address: _____

Owner's phone: _____

Contractor: _____

Contractor's address: _____

Contractor's phone: _____

All applications **must** be accompanied by:

- Actual lot dimensions
- Principal building dimensions
- Location and dimensions of addition
- Front, rear, and side yard set backs
- Maximum building height
- Dimensions, surface and location of drive(s)
- Off-street parking
- Street

**DIRECTIONS TO THE PROPERTY, FROM THE NEAREST HIGHWAY ,
MUST BE PROVIDED.**

The applicant hereby certifies that all information on, and attached to, this application is true and correct. The applicant also declares that no part of the land involved in this application has been previously used to provide required yard space and/or lot area for another use or building. The applicant acknowledges that all construction will be in compliance with the Construction Standards of Mercer County and all applicable building codes and grants access rights to this property to any zoning personnel for inspection purposes.

OWNER OR OWNER'S AGENT _____

SIGNATURE

In issuing this permit, Franklin Township acknowledges that the building and/or the use represented herein are in compliance with the Zoning Code of Franklin Township, Mercer County, Ohio. It is the responsibility of the property owner to make sure that the actual construction and use are as stated on the application and plan, and to assure compliance with any other applicable laws.

This permit expires (6) six months after its issuance unless construction has been begun or in (2) years if the project is not substantially completed.

ZONING INSPECTOR _____
SIGNATURE

DATE

***IT IS THE RESPONSIBILITY OF THE OWNER OR CONTRACTOR TO NOTIFY THE ZONING INSPECTOR WHEN THE STAKES ARE SET AND THE FOUNDATION IS COMPLETED. NO CONSTRUCTION CAN BEGIN UNTIL THE FOUNDATION HAS BEEN INSPECTED.**

FOR OFFICIAL USE ONLY

Fee: _____ Paid _____ Check No. _____ (make check payable to: Franklin Township Trustees)
(\$100 if less than 2,500 sq. ft.) (\$150 2,500-4,999) (\$250 5,000- 9,999) (\$400 10,000- 19,000) (\$650 20,000 or more)

Abuts "R" District _____ yes _____ no

Additional requirements/ notes _____

Requirement checklist:	<u>Requirements</u>	<u>Application</u>	<u>Staked</u>	<u>Foundation</u>
Lot area	_____	_____		
Addition floor area	_____	_____		
New total floor area	_____	_____		
Minimum front yard	_____	_____	_____	_____
Minimum side yard	_____	_____	_____	_____
Minimum rear yard	_____	_____	_____	_____
Maximum height	_____	_____		
Maximum percent of lot coverage	_____	_____		
Off-street parking spaces	_____	_____		

Flood zone _____ Panel _____

Application Review: _____ Stake Check: _____ Foundation Check: _____
Initials Date Initials Date Initials Date

_____ Grant _____ Deny

Comment: _____

