

LIBERTY TOWNSHIP
HANCOCK COUNTY, OH
APPLICATION FOR ZONING PERMIT

1. LOCATION OF WORK SITE-ADDRESS: _____
SUBDIVISION & LOT NO. OR DEED DESCRIPTION _____
SECTION: _____ RANGE: _____ EXISTING USE: _____
LOT FRONTAGE: _____ FT. LOT AREA-SQ. FT. OR ACRES: _____
LOCATED IN FLOOD PLAIN: (check) YES _____ NO _____

2. PRESENT ZONING CLASSIFICATION: _____

3. PROPERTY OWNER: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE-HOME: _____ CELL: _____

4. CONTRACTOR: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE-OFFICE: _____ CELL: _____

5. PROPOSED USE (CHECK ONE)

NOTE: (IF PROPOSED USE REQUIRES SITE PLAN REVIEW, SECURE AND COMPLETE THE APPROPRIATE FORM.)

___ NEW CONSTRUCTION ___ NEW ADDITION ___ REMODELING ___ DEMOLITION

___ SIGN ___ POOL ___ OTHER (EXPLAIN) _____

USE OF ITEM CHECKED: _____

WIDTH: _____ LENGTH: _____ HEIGHT: _____ SQ. FT.: _____

STORIES: _____ PERCENT OF LOT COVERAGE: _____

6. ESTIMATED TOTAL CONSTRUCTION COST: _____

APPROXIMATE DATE WORK TO BEGIN: _____

7. GENERAL INFORMATION (MUST BE ANSWERED IF APPLIES)

NEW CONSTRUCTION, ITEM 5:

A. METHOD OF SEWAGE DISPOSAL – CITY _____ OTHER _____ DOES NOT APPLY _____

NOTE: IF OTHER CHECKED, A COPY OF THE APPROVAL FROM THE HANCOCK COUNTY BOARD OF HEALTH MUST BE ATTACHED TO THIS APPLICATION FOR ZONING PERMIT.

B. WILL CENTRAL AIR BE INSTALLED OR EXTENDED TO THIS STRUCTURE: YES ___ NO ___

8. YARD SETBACK: FRONT _____ REAR _____ LEFTSIDE _____ RIGHTSIDE _____

APPLICANT HEREBY CERTIFIES THAT ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE
BEST OF HIS/HER KNOWLEDGE _____ DATE _____

SIGNATURE

THE APPLICANT IS REQUIRED, IN ADDITION TO THE INFORMATION REQUESTED ON THIS FORM, TO SUBMIT PLOT PLANS, IN DUPLICATE AND DRAWN TO SCALE, SHOWING THE ACTUAL DIMENSIONS AND SHAPE OF THE LOT, EXACT SIZED AND LOCATION OF EXISTING BUILDINGS ON THE LOT AND THE LOCATION AND DIMENSIONS OF THE PROPOSED BUILDING OR ALTERATIONS.

DO NOT FILL OUT BELOW THIS LINE

WILL APPLICANT REQUIRE STATE APPROVAL: YES ____ NO ____

IF YES, STATE NUMBER _____ DATE ISSUED: _____

WILL APPLICANT REQUIRE SITE PLAN REVIEW: YES ____ NO ____

IF YES, DATE OF REVIEW _____ GRANTED ____ DENIED ____

2ND REVIEW _____ GRANTED ____ DENIED ____

WILL APPLICANT REQUIRE BOARD OF APPEALS: YES ____ NO ____

IF YES, DATE OF APPEAL _____ GRANTED ____ DENIED ____

ZONING PERMIT: GRANTED ____ DENIED ____ DATE _____

ZONING INSPECTOR

PERMIT NO: _____ FEE: _____ RECEIPT NO.: _____