

APPLICATION FOR ZONING PERMIT

Application # _____

Property # _____

Portage Township, Ottawa County, Ohio

To the Township Zoning Commission:

The undersigned hereby applies for a zoning certificate for the following use, to be issued on the basis of the representations contained herein, all of which the applicant says are true.

1. Location of property _____

2. Section _____ Block _____ Lot _____ Subdivision _____

3. Name of Land Owner _____

Address _____

4. Proposed use (explain) _____

_____ New Construction _____ Business

_____ Remodeling _____ Manufacturing

_____ Accessory Building _____ Sign Board Size

_____ Residence _____ No. of Families _____ Other

5. Attach a plot plan of lot showing location of existing buildings and location of new buildings. Give exact measurements of building(s) and the distances from all lot lines. Provide the following information.

A. Main road frontage _____ feet.

B. Set back from **road right-of-way** _____ feet.

C. Side yard clearance. Right _____ Left _____ feet.

D. Rear yard clearance _____ feet.

E. Depth of lot from **road right-of-way** _____ feet.

F. Dimensions of building: Width _____ feet. Depth _____ feet.

G. Highest point of building above the established grade line _____ feet.

6. Buildings: Use: _____

Number of floors _____ Basement _____

Usable floor space designed for use as living quarters, exclusive of basements, porches, garages, breezeways, terraces, attics or partial stories.

First floor _____ square feet. Second floor _____ square feet. Additional floors _____ square feet.

Off street parking _____ square feet.

7. Remarks: _____

This application must be accompanied with final blueprints showing the elevations and floor plans.

OWNER or OWNERS AGENT _____

Address _____

DO NOT WRITE BELOW THIS LINE

Filed with the Zoning Inspector _____ 201 ____.

ZONING PERMIT

Upon the basis of Application No. _____, the statements in which are made a part hereof, the proposed usage is _____ found to be in accordance with the Portage Township Zoning Resolution and is hereby _____ for the _____ District.

Approved/Rejected

Mary T. Gardner, Zoning Inspector
Portage Township
2501 State Road
Port Clinton, Ohio 43452

Application received _____, 201 ____.

Application ruled on _____, 201 ____.

Fee paid \$ _____.

If permit is refused, the reason for the refusal _____

_____.

Show exact dimensions of Lot and any existing buildings and any projected buildings.
Give the exact measurements of buildings to side, front and rear yards.

