ZONING PERMIT APPLICATION

PORTAGE TOWNSHIP, OTTAWA COUNTY, OHIO

Application No. _____   Property No._____

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 Landowner_____**

   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 buildings and 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 _____feet.   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 OWNER'S AGENT_____

Address_____

DO NOT WRITE BELOW THIS LINE

Filed with Zoning Inspector_____20_____

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 Rd.

Port Clinton, Ohio 43452

Application received on _____20_____

Application ruled on _____20_____

Fee Paid: $_____

If permit is refused, the reason for refusal_____

_____

_____

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

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