**Application For Zoning Permit**

Oxford Township, Erie County Ohio

Application #.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Property Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parcel #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Of Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Existing Use of Property:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Zoning Clasification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Structures on Lot Including House:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Size of Existing Structures:#1\_\_\_\_\_\_\_\_\_\_\_\_#2\_\_\_\_\_\_\_\_\_\_\_\_\_#3\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#4\_\_\_\_\_\_\_\_\_\_\_\_\_#5\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you Have a Garage? Yes No**

**Is Garage Attached to the House? Yes No**

**Size of Garage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose for Permit Application:**

**\_\_\_\_\_ New Residence**

**Total Living Space Square Footage:\_\_\_\_\_\_\_\_\_**

**Height at Highest Point:\_\_\_\_\_\_\_\_\_\_**

**Sewer Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Water Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driveway Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Addition to Existing Structure**

**Square Foot of Addition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Square Footage of Structure + Addition:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Height at Highest Point:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_ New Accessory Structure**

**Dimensions\_\_\_\_\_\_\_\_\_\_**

**Square Footage\_\_\_\_\_\_\_\_\_\_**

**Height at Highest Point:\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Patio**

**Square Foot of Patio:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Concrete Thickness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Deck**

**Square Foot of Deck:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Height Of Deck off the Ground:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Material of Deck:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Pool, Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Fence, Height\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Sign, Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approximate Cost Of Work $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: This Permit shall be void if work is not started within 1 year from issue Date and must be renewed annually at no cost for a maximum of 2.5 years. After 2.5 years the applicant must apply for a new permit if the building is not completed.

\_\_\_\_\_I understand that I may be required to obtain building and electrical permits and inspections from the Huron Township Building Department.

\_\_\_\_\_I understand that I may be required to obtain a plumbing permit and inspection from the Erie County Health Department.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**