## POLK TOWNSHIP, CRAWFORD COUNTY, OHIO ZONING PERMIT APPLICATION

Application No. Date: Application is hereby made to: (describe work to be done) Manufacturing Remodeling ? Fence ? Accessory Building **?** Swimming Pool [?] ? Sign; Size: \_\_\_\_\_ On premises located on the ? North ? South ? East ? West side of specified lot DESCRIPTION OF WORK 1 Size of building/structure in Square Feet: Width Height Depth: in feet 2 Character of Construction: ? Brick ? Frame ? Pole Barn 3 Approximate Cost of Construction: 4 Size of Lot: Road Frontage:

5 Building Setbacks, in feet: Front \_\_\_\_\_ Rear \_\_\_\_ Left \_\_\_\_ Right \_\_\_\_\_

6 Proposed Use of Building:

Applicant's Name:

Lot Owner's Name:

New Construction

Address of Lot:

**?** Business

? Other:

? Other

Address:

(i. e., home, office, other; if more space is needed, attach sheet)

7 Source of Water: ? City ? Well (attach copy of County Health Dept. Permit)

8 Sewage Disposal Method: ? City ? Septic (attach copy of County Health Dept. Permit)

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I, the undersigned, request a zoning permit for the use and/or construction stated above, to be issued on the basis of the representation contained in this application and any required submission materials.

I fully understand that any incorrect or misleading information may result in a permit becoming VOID and legal actions may be initiated by Polk Township.

Further, I understand that the certificate/permit may contain conditions with which I will be required to comply.

Applicant's Signature		Date:
Owner's Signature (if different)	- 	Date:

Continued on reverse

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Sketch/Plans with Setback included

Skeich/Plans with Selback Included	

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OFFICE USE ONLY											
Application No			D	ate Sut	omitte	ed:	Fee				
Referred to Development Board:											
Site					P	lan	Conditional Use				
Variance	e						Appeal				
G ı	r	а	n	t	e	d	Denied				
Zoning Inspector Signature								Dated			