APPLICATION FOR ZONING PERMIT

AMHERST TOWNSHIP ELYRIA OHIO 44035-1904 LORAIN COUNTY ZONING INSPECTOR: (440) 988-58	ZONING PERMIT NO
Certificate for the following use to be all of which the applicant swears to expire and shall be revoked if work	o Amherst Township, Lorain County, Ohio, for a Zoning issued on the basis of the representations herein contained be true. The applicant understands this Zoning Permit shall has not begun within 6 months and zoning fees are NOT impleted in 18 months or a new permit is required.
	SIGN
LANDOWNERS NAME	HOME PHONE
MAILING ADDRESS	
LOCATION OF PROPERTY	
	COST OF CONSTRUCTION \$
	WORK PHONE
ADDRESS	
TYPE OF SIGN	
SIGN = (WIDTH HEIGHT HE	SQUARE FEET)) (FLASHING SIGNS ARE NOT PERMITTED)
SET BACK FROM STREET RIGHT-OF-WA	Y = FT DISTANCE FROM SIDE LOT LINES = FT
AMOUNT OF FEE = \$	DATE PAID
conditions herein contained and comply with	for shall constitute an agreement on my part to abide by all the all ordinances of the Township of Amherst and the laws of the State of fter, and said agreement is a condition of said permit.
SIGNATURE OF APPLICANT:	
	statements which are made a part thereof, the proposed usage is found wnship Zoning Resolution and is hereby (approved) (not approved) for

SIGNATURE OF AMHERST TOWNSHIP ZONING INSPECTOR _____

the following District: ______.

DATE OF APPROVAL _____ DATE OF DENIAL ____

SITUATION PLAN TO BE DRAWN TO SCALE IN INK

ATTACH A DRAWING OF THE SIGN INCLUDING LETTERING, AND TYPE IF ANY ILLUMINATION. INDICATE THE SIGN'S PLACEMENT ON THE LOT, AND SET BACK FROM STREET RIGHT OF WAY AND SIDE LOT LINES.