POLK TOWNSHIP, CRAWFORD COUNTY, OHIO
ZONING PERMIT APPLICATION

Application No. _____ Date:_____

Applicant's Name: _____
Address: _____
Lot Owner's Name: _____
Address of Lot: _____
Application is hereby made to: (describe work to be done)

☐ New Construction	☐ Manufacturing	☐ Remodeling
☐ Business	☐ Fence	☐
☐ Accessory Building	☐ Swimming Pool	☐

☐ Sign; Size: _____
☐ Other: _____

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

☐ Other _____

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: _____

(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)

☐ 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

OFFICE USE ONLY

Application No. _____ Date Submitted: _____ Fee _____

Referred to Development Board:

Site Plan _____ Conditional Use _____

Variance _____ Appeal _____

Granted _____ Denied _____

Zoning Inspector Signature _____ Dated _____