

APPLICATION FOR ZONING PERMIT

MORGAN TOWNSHIP, KNOX COUNTY, Ohio

The undersigned applies for a zoning permit for the following use. This permit will 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.

1. Please submit plans, drawn to scale, showing the following items. This permit cannot be approved without this completed information
 1. actual dimensions and shape of the lot,
 2. exact sizes and locations of existing buildings on the lot,
 3. location and dimensions of the proposed building(s) or alterations.

Other information may be required depending on the intended use of the property

2. Name of Owner _____

Current Address _____

Phone Number: Home _____ Business/Work _____

3. Location Description (attach Legal Description if available)

New Address _____

4. Existing Use: _____

5. Property Presently Zoned as: _____ Agricultural _____

6. Proposed use: Check all that apply

New Construction Remodeling
 Accessory Building Sign Size _____
 Residence # of Units _____ Other(explain) _____

_____ Conditional Use (explain) _____

(If proposed use is a conditional use, enclose a detailed description of the proposal including drawings, business plan, and any other information that would be helpful.)

APPLICATION FOR ZONING PERMIT

7. Type of Sewage Disposal _____
8. Percentage of lot to be occupied _____% (a 2500 sq ft house on 2 acres is 2.5%)
9. Lot Width _____ Lot Depth _____ Lot Area _____
10. Square Footage
Living Area _____ Garage _____ Basement _____
Accessory Building _____ Covered Porch _____ Commercial _____
Office _____ Other _____
11. Building Height: Stories _____ Feet _____
12. Yard Dimension Front _____ Rear _____ Side _____
13. Accessory Building: Height _____ Side yard _____
14. On a separate sheet attach a list of other supplemental requirements or condition that will be met, or explain any points you feel need clarification.

NOTE: This permit will be void if:
Work is not started within 180 days.
Construction is not completed within 2-1/2 years.
Building plans change substantially (e.g. size or layout of building or intended purpose).

Signature _____ Date: _____

(For Zoning Inspector Use Only)

Date Received _____ Fee Paid _____

Approved Permit Number _____

Denied Reason for denial: _____

Zoning Inspector