

BERLIN TOWNSHIP ZONING
3271 CHESHIRE ROAD, DELAWARE OH
740-548-5217 FAX 740-548-7458

PERMIT NO: BT- _____
DATE ISSUED: _____
FEE: \$300.00 Rec.# _____

APPLICATION FOR ZONING PERMIT (New Single Family Residence)

This permit void if work not commenced within six (6) months
from date of issuance. Progress must be made in accordance
with the Berlin Township Zoning Resolution

Owner: _____	
Mailing Address: _____	Phone: _____

Contractor: _____	Phone: _____
Address: _____	Fax: _____

Address of Property: _____			
Range: _____	Twp: _____	Section: _____	Zoning District: _____
Subdivision Name: _____			
Lot No: _____	Acreage: _____	Lot Area _____	

Proposed Use: _____	Present Use _____
Building Area: _____ sq. ft.	This includes total sq. ft. construction of first floor &
attached _____ porches	_____ decks _____ garages
Percentage of Lot to be covered by buildings _____ %	
Living Area: 1st floor: _____ sq. ft.	2nd floor: _____ sq. ft.
Building Height: _____ stories	_____ sq. ft.
Road Frontage: _____ ft.	Lot width at Building line: _____
Actual Setbacks Front= _____ ft.	Rear= _____ ft. Left= _____ ft. Right= _____ ft.
TRASH Must be contained in a four (4) sided metal container. Please Initial _____	

Sign: _____	Type: _____	Height of Sign: _____ ft.
Total square footage of sign: _____ ft.	Setback from right of way: _____ ft.	

Applicant certifies that all information contained herein is accurate and is submitted to induce the issuance of the ZONING PERMIT. Applicant agrees to be bound by the provisions of the Zoning Resolution of Berlin Township, Delaware County, Ohio. Applicant agrees to provide the Zoning Office with an ORIGINAL "Foundation Survey" when foundation is done and an ORIGINAL "As Built" survey when home is completed.

Date: _____	Applicant Name: _____
_____	Applicant Signature: _____

Attach such plats and plans as required by Zoning Inspector and the provisions of the Berlin Township Zoning Resolution. Revised 02/01/04

Berlin Township Zoning Inspector Date