

BERLIN TOWNSHIP ZONING OFFICE
3271 CHESHIRE ROAD
DELAWARE, OH 43015
740.548.5217 – PHONE
740.548.7458 – FAX

DATE ISSUED: _____
PERMIT NO: _____
FEE: \$ _____ RECEIPT # _____

APPLICATION FOR RESIDENTIAL ZONING PERMIT
(DECK, PORCH, ROOM ADDITION, SWIMMING POOL, SHED, GARAGE, OR STORAGE BLDG)
VALID FOR ONE YEAR FROM DATE ISSUED

Owner: _____ Phone: _____
Mailing Address: _____

Contractor: _____ Phone: _____
Fax: _____

Address of Property: _____
Range: 18 Twp. 4 Section: _____ Zoning District _____
Subdivision Name: _____
Lot No: _____ check which applies → # DECK # PORCH # ROOM ADDITION # SWIMMING POOL
SHED # GARAGE # STORAGE BUILDING

Road Frontage: _____ Bldg. Dimensions: Length _____ x Width _____ = Total sq.ft. _____
Setbacks: Front = _____ ft. Right Side = _____ ft. Left Side = _____ ft. Rear = _____ ft.
TRASH must be contained in a four (4) sided metal container. *Please initial* _____

Applicant certifies that all information contained here in is true and 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 OR Contractor Name: _____

Date: _____ Applicant OR Contractor Signature: _____

Attach such plats and plans as required by the Zoning Inspector and/or the provisions of the Berlin Township Zoning Resolution.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED *Revised 02/01/04*

Berlin Township Zoning Inspector

Date