

BERLIN TOWNSHIP ZONING
3271 CHESHIRE ROAD, DELAWARE OH 43015
PHONE: 740-548-5217 FAX: 740-548-7458

PERMIT NO: BT- _____
DATE ISSUED: _____
FEE: _____ **Rec.#** _____

APPLICATION FOR ZONING PERMIT COMMERCIAL / INDUSTRIAL BUILDING

Commercial & Industrial building Zoning Permit Applications must be accompanied by:
One complete set of building Plans showing size and location of building on plot plan, location
and total parking spaces to be provided and landscape plan that will be used.

Owner: _____	
Mailing Address: _____	Phone: _____
_____	Fax: _____

Address of Property: _____			
Range: _____ 18 _____	Twp: _____ 4 _____	Section: _____	Zoning District: _____
Subdivision Name: _____			
Lot No: _____	Acreage: _____	Lot Area _____	

Proposed Use: _____	Present Use _____
Type of Building: _____	Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____
Type of Sewage Disposal: _____	
On Lot System Permit # _____	Date Issued: _____

Lot width at Building line: _____	Lot Depth: _____
Lot Area: _____	Building Area sq. ft.: _____
Percentage of Lot to be covered by buildings _____	
Parking Spaces required: _____	Provided: _____
Building Height: _____ stories	_____ sq. ft.
Road Frontage: _____ ft.	
Actual Setbacks Front= _____ ft.	Rear= _____ ft. Left= _____ ft. Right= _____ ft.

****TRASH** Must be contained in a four (4) sided metal container. Please Initial _____**

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 the Berlin Township, Delaware County, Ohio.

Applicant or Contractor Name: _____
Date: _____ Applicant or Contractor Signature: _____

Berlin Township Zoning Inspector Date