

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

[www.berlintwp.us](http://www.berlintwp.us)

PERMIT NO: BT- \_\_\_\_\_  
DATE ISSUED: \_\_\_\_\_  
FEE: \$350.00 Rec.# \_\_\_\_\_

**APPLICATION FOR ZONING PERMIT (New Single Family Residence)**

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

Owner: _____		
Mailing Address: _____		Phone: _____
Email Address: _____		
Contractor: _____		Phone: _____
		Fax: _____
Address: _____		
Email Address: _____		
Address of Property: _____		
Range: _____ 18 _____	Twp: _____ 4 _____	Section: _____ Zoning District: _____
Subdivision Name: _____		Parcel # _____
Lot No: _____	Acreage: _____	Lot Area _____

**\*Required letter of septic compliance from Delaware General Health District (740-368-1700)**

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.
<b>**TRASH**</b> 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.*

Applicant Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Attach such plats and plans as required by Zoning Inspector and the provisions of the Berlin Township Zoning Resolution. Revised 08/28/15

\_\_\_\_\_  
Berlin Township Zoning Inspector

\_\_\_\_\_  
Date

**INCOMPLETE APPLICATION WILL NOT BE PROCESSED**