

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

DATE ISSUED: _____

PERMIT NO: _____

FEE: \$ 75.00 RECEIPT # _____

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

Owner: _____	Phone: _____
Mailing Address: _____	
Email Address: _____	
Contractor: _____	Phone: _____
	Email: _____
Address: _____	

Address of Property: _____	
Range: <u>18</u>	Twp. <u>4</u> Section: _____ Residential Zoning District _____
Subdivision Name: _____ Parcel # _____	
Lot No: _____ circle which applies → DECK <input type="checkbox"/> PORCH <input type="checkbox"/> PERGOLA/GAZEBO/ARBOR <input type="checkbox"/> ROOM ADDITION <input type="checkbox"/> SWIMMING POOL SHED CARPORT GARAGE <input type="checkbox"/> STORAGE BUILDING <input type="checkbox"/>	

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

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. <i>Please initial</i> _____	

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.

Berlin Township Zoning Inspector

Date