

www.berlintwp.us

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 SIX MONTH ZONING PERMIT
(BUILDING, SIGN, TEMPORARY SIGN, TEMPORARY TRAILER)
VALID FOR SIX MONTHS 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: _____ Zoning District _____
Subdivision Name: _____
Lot No: _____ check which applies → <input type="checkbox"/> OFFICE <input type="checkbox"/> TOOL <input type="checkbox"/> SUPPLY <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> BUILDING <input type="checkbox"/> HOUSE

SIGN: (CHECK ONE) TEMPORARY SIGN <input type="checkbox"/>
Height of Sign: _____ ft. Total square footage of sign: _____ ft. Setback of right of way: _____ ft.
Present Use: _____ Proposed Use: _____

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

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED *Revised 08/22/2017*