HINCKLEY TOWNSHIP

1410 Ridge Road Hinckley, Ohio 44233 Office: 330-278-4181

Application No. _____
(A permit is valid only with an assigned number and signature of the Township Zoning Inspector)

APPLICATION for ZONING PERMIT

The undersigned hereby applies for a Zoning Permit for the described use, to be issued on the basis of the information contained within this Application and its attachments. Prior to completion of this application, the applicant must 1) meet ALL applicable requirements defined on the Zoning Application Guide and Zoning Requirements Sheet and 2) follow ALL applicable Township Zoning Regulations.

1 Property/Project Address/Location: _____ **Permanent Parcel Number:** _____

Street Address *Sub/lot # and Subdivision*

2 District / Property Zoned As: _____

3 Owner Name: _____

Street Address *City / State* *Zip*

Home Phone *Cell Phone*

Email Address: _____

4 Applicant Name: _____

Street Address *City / State* *Zip*

Home/Business Phone *Cell Phone*

Email Address: _____

5 Proposed Use Description: ☐ Residence ☐ Business ☐ Light Industrial

☐ New Home/Dwelling ☐ Garage (Attached) ☐ *Addition

☐ Accessory Building (Detached) ☐ Agriculture Building *(Exemption Form Required ☐)*

☐ Deck ☐ Gazebo ☐ Patio ☐ Porch ☐ Pavilion ☐ Fence

☐ Pool ☐ Above ☐ In-ground ☐ Pond *(Pond Permit Required ☐)*

☐ Sign-Temporary *(Add details)* ☐ Sign-Permanent ☐ Special Event *(Add details)*

☐ Alternative Energy Facilities ☐ Other/Details:

6 Sewage Disposal Type: ☐ Central Sewer ☐ *Septic System

7 Off Street Parking ☐ Yes ☐ No No. of Spaces _____

Forms / Requirements Met? **OFFICE USE**

☐ Plot Plan (location, setbacks and dimensions of both the lot and the building / proposed project _____

☐ Building Plans in ¼ inch scale *(one ¼ inch equals one foot)* _____

☐ Property Address / Tax Map Slip _____

☐ *Health Department Certificate _____

☐ Sanitary Sewer Tap In Permit _____

☐ Storm Water Management / Erosion Control Permit _____

☐ Culvert / Driveway Permit _____

8 Lot Description:

Acres _____ ☐ Standard ☐ Substandard ☐ Rear Lot

Right-of-Way Frontage _____ ft Setback from Right-of-Way _____ ft

Side Yard Width Left Side _____ ft Right Side _____ ft

Rear Yard Depth _____ ft

Lot Width at Building Line _____ ft

Distance from Principal Building _____ ft

Distance Between Driveway & Side of Line _____ ft

9 Building Description:

No. of Stories: _____ Height _____ feet above grade

Basement ☐ Yes ☐ No Walkout ☐ Yes ☐ No

First Floor Area _____ sq ft

Second Floor Area _____ sq ft

Lower Living Area _____ sq ft

Garage Area _____ sq ft

Other (Explain)

I hereby certify that all information and attachments to this application are true and correct. I have read and understand the Township Zoning Regulations pertinent to this application and agree to meet all requirements if this zoning permit is granted. ☐ Guide/Requirements Sheet Received & I acknowledge this permit expires two years from date of action.

_____ _____ _____

Signature of Applicant *Date* *Initials*

Date Received _____ ☐ **Approved** ☐ **Denied** (see comments)

BASE PERMIT FEE **$** _____ _____ _____

sq ft **X** _____ **+** **$** _____ *Date of Action / Reviewed* *Signature of Zoning Inspector*

TOTAL: **$** _____ Comments: _____

Date Paid / Issued _____

FIRST ZONING INSPECTION	Date Requested
Date Inspected	
Placard Posted YES / NO I Comments:	

SECOND ZONING INSPECTION	Date Requested
Date Inspected	
Comments:	