

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: _____ <small>Street Address</small>	Permanent Parcel Number: _____ _____ <small>Sub/lot # and Subdivision</small>
2 District / Property Zoned As: _____	

3 Owner Name: _____ _____ <small>Street Address</small>	4 Applicant Name: _____ _____ <small>Street Address</small>
<small>City / State</small> _____ <small>Zip</small> _____	<small>City / State</small> _____ <small>Zip</small> _____
<small>Home Phone</small> _____ <small>Cell Phone</small> _____	<small>Home/Business Phone</small> _____ <small>Cell Phone</small> _____
<small>Email Address:</small> _____	

5 Proposed Use Description: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Light Industrial <input type="checkbox"/> New Home/Dwelling <input type="checkbox"/> Garage (Attached) <input type="checkbox"/> *Addition <input type="checkbox"/> Accessory Building (Detached) <input type="checkbox"/> Agriculture Building (Exemption Form Required <input type="checkbox"/>) <input type="checkbox"/> Deck <input type="checkbox"/> Gazebo <input type="checkbox"/> Patio <input type="checkbox"/> Porch <input type="checkbox"/> Pavilion <input type="checkbox"/> Fence <input type="checkbox"/> Pool <input type="checkbox"/> Above <input type="checkbox"/> In-ground <input type="checkbox"/> Pond (Pond Permit Required <input type="checkbox"/>) <input type="checkbox"/> Sign-Temporary (Add details) <input type="checkbox"/> Sign-Permanent <input type="checkbox"/> Special Event (Add details) <input type="checkbox"/> Alternative Energy Facilities <input type="checkbox"/> Other/Details: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">Forms / Requirements Met?</th> <th style="text-align: left; padding: 2px; background-color: #e0e0e0;">OFFICE USE</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Plot Plan (location, setbacks and dimensions of both the lot and the building / proposed project)</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Building Plans in ¼ inch scale (one ¼ inch equals one foot)</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Property Address / Tax Map Slip</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> *Health Department Certificate</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Sanitary Sewer Tap In Permit</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Storm Water Management / Erosion Control Permit</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Culvert / Driveway Permit</td> <td style="padding: 2px;">_____</td> </tr> </table>	Forms / Requirements Met?	OFFICE USE	<input type="checkbox"/> Plot Plan (location, setbacks and dimensions of both the lot and the building / proposed project)	_____	<input type="checkbox"/> Building Plans in ¼ inch scale (one ¼ inch equals one foot)	_____	<input type="checkbox"/> Property Address / Tax Map Slip	_____	<input type="checkbox"/> *Health Department Certificate	_____	<input type="checkbox"/> Sanitary Sewer Tap In Permit	_____	<input type="checkbox"/> Storm Water Management / Erosion Control Permit	_____	<input type="checkbox"/> Culvert / Driveway Permit	_____
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6 Sewage Disposal Type: <input type="checkbox"/> Central Sewer <input type="checkbox"/> *Septic System	
7 Off Street Parking <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Spaces _____	

8 Lot Description: Acres _____ <input type="checkbox"/> Standard <input type="checkbox"/> Substandard <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No Walkout <input type="checkbox"/> Yes <input type="checkbox"/> No First Floor Area _____ sq ft Second Floor Area _____ sq ft Lower Living Area _____ sq ft Garage Area _____ sq ft Other (Explain) _____
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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.

_____ <small>Signature of Applicant</small>	_____ <small>Date</small>	_____ <small>Initials</small>
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Date Received _____

Approved **Denied** (see comments)

BASE PERMIT FEE	\$ _____		
sq ft X	+ \$ _____	_____ <small>Date of Action / Reviewed</small>	_____ <small>Signature of Zoning Inspector</small>
TOTAL:	\$ _____	Comments: _____	
Date Paid / Issued _____			

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