

APPLICATION FOR ZONING PERMIT
JEFFERSONVILLE, OHIO
FORM NO. 1

THE UNDERSIGNED APPLIES FOR A ZONING PERMIT FOR THE FOLLOWING USE, SAID PERMIT TO BE ISSUED ON THE BASIS OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION. THE APPLICANT HEREBY CERTIFIES THAT ALL INFORMATION AND ATTACHMENTS TO THIS APPLICATION ARE TRUE AND CORRECT. THE APPLICANT IS REQUIRED, IN ADDITION TO THE INFORMATION REQUESTED ON THIS FORM TO SUBMIT PLANS SHOWING THE ACTUAL DIMENSIONS AND SHAPE OF THE LOT, EXACT SIZES AND LOCATIONS OF EXISTING BUILDINGS ON THE LOT, AND THE LOCATION AND DIMENSIONS OF THE PROPOSED BUILDINGS OR ALTERATIONS.

1. LOCATIONAL DESCRIPTION: SUBDIVISION NAME _____ LOT NO. _____
STREET ADDRESS _____
(IF NOT LOCATED IN PLATTED SUBDIVISION ATTACH AN ACCURATE LOCATION MAP.)
2. NAME OF OWNER _____ MAILING ADDRESS _____
PHONE NUMBER HOME _____ BUSINESS _____
3. EXISTING USE _____
4. PROPERTY PRESENTLY ZONED AS _____
5. PROPOSED USE: NEW CONSTRUCTION _____ INDUSTRY _____
COMMERCIAL _____ REMODELING _____
SIGN _____ SIZE _____ DWELLING _____

(IF PROPOSED USE IS COMMERCE OR INDUSTRY ENCLOSE A DETAILED DESCRIPTION OF THE NATURE OF THE COMMERCE OR INDUSTRY.)

6. LOT WIDTH _____ LOT DEPTH _____
LOT AREA _____ SQ. FT.
7. BUILDING HEIGHTS: STORIES _____ FEET _____
8. YARD DIMENSIONS: FRONT _____ REAR _____
ONE SIDE _____ SUM OF SIDE YARDS _____
9. NUMBER OF OFF-STREET PARKING SPACES TO BE PROVIDED _____
10. ON A SEPARATE SHEET ATTACH A LIST OF OTHER SUPPLEMENTAL REQUIREMENTS OR CONDITIONS THAT WILL BE MET, OR EXPLAIN ANY POINTS YOU FEEL NEED CLARIFICATION.

NOTE: THIS PERMIT SHALL BE VOID IF WORK IS NOT STATED WITHIN SIX MONTHS.

SIGNATURE _____ DATE _____

(FOR OFFICIAL USE ONLY)

DATE RECEIVED _____ FEE PAID _____

DATE OF ACTION ON APPLICATION _____ APPROVED _____

DENIED _____ IF APPLICATION DENIED, REASON FOR DENIAL; IF APPROVED, ANY SPECIAL CONDITIONS. _____

ZONING INSPECTOR _____