

**MARION TOWNSHIP
ZONING PERMIT APPLICATION**

419-692-8846

Sec.519.16R.C.

To the Board of Trustees:

The undersigned hereby applies for a Zoning Certificate for the following use, to be issued on the basis of the representations contained herein, all of which applicant says are true:

1. Location of Property: _____

2. Name Owner: _____ Phone Number: _____

Address: _____

*Copy of Health Department Permit for septic system (for new houses only)

*Required – first qualified structure on site/\$250 site survey: Checks payable to Marion Township Trustees

3. Proposed use: _____ New Construction _____ Remodeling _____ Accessory Building
_____ Residential _____ Business _____ Manufacturing _____ Sign Board – Size _____
_____ House _____ Garage _____ Fence _____ Pond _____ Solar _____ # Panels

****NOTE: USE REVERSE SIDE OF APPLICATION TO SKETCH ON****

4. Sketch a lot, showing existing buildings and proposed construction or use for which application is made. (Fill in all dimensions and indicate North)

- a) Main road frontage _____ feet b) Set back from center line of roadway _____ feet
c) Side yard setback _____ side _____ feet _____ side _____ feet
d) Rear yard setback _____ feet e) Dimensions of building: Width _____ feet Depth _____ feet
f) Highest point of building above the established grade _____ feet

5. Buildings: (Use) _____
Number of Stories _____ Basement _____

Usable floor space designed for use as living quarters, exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories

First floor _____ square feet Second floor _____ square feet

Application to build, erect, add to, or change any structure. Construction must begin within one year and be completed within 2 ½ years.

APPLICATION NO. _____ APPLICANT _____
Signature _____

A FILING FEE OF _____ IS REQUIRED. Make check payable to Marion Township

Filed with Marion Township Zoning Inspector on _____, 20_____