

# Etna Township, Ohio

Township Hall: 81 Liberty Street; P.O. Box 188; Etna, OH 43018-0188

Phone: 740-927-7717 Fax 740-927-1699

etnatwpzoning@insight-bc.com

## Application for Zoning Permit: Principle and Accessory Structures

(Refer to Article 3)

(Please Print)

Application & Permit Number \_\_\_\_\_

Fee: \_\_\_\_\_

The undersigned applies for a zoning permit, under Section 300 (Zoning Permits Required). The applicant hereby certifies that all information and attachments to this application are true and correct.

1. Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Type of Structure (mark with X):

a. New Principle Structure: \_\_\_\_\_ Addition to Existing Principle Structure: \_\_\_\_\_

New Accessory Structure: \_\_\_\_\_ Addition to Existing Accessory Structure: \_\_\_\_\_

b. Use of Structure: Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

4. Describe Proposed Structure: \_\_\_\_\_

5. Dimensions of Structure: \_\_\_\_\_ Footprint Area: \_\_\_\_\_ sq. ft.

Living Area (excluding porches, garages, cellars, basements, decks): \_\_\_\_\_ sq. ft.

6. Total height of Structure from grade: \_\_\_\_\_ feet \_\_\_\_\_ stories

7. Setbacks Dimensions of Structure:

a. From Front Lot Line: \_\_\_\_\_ From Side Lot Line: right \_\_\_\_\_ left \_\_\_\_\_

From Rear Lot Line: \_\_\_\_\_

### **Please attach the following information:**

1. Site Plan: Showing the actual dimensions and shape of the lot to be built upon; the exact size and location of existing buildings and structures on the lot, if any; and the location and dimensions of the proposed structure or alteration. Please indicate on the site plan the dimension of all structures and the setback dimensions to all property lines.

**Applicant's Signature:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print:** \_\_\_\_\_

(Township Use Only)

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ or Check #: \_\_\_\_\_

Resolution # 08-10-21-05