

Application for Zoning Permit

Miami Township, Greene County, Ohio

Application No. _____ Tax Parcel No. _____

The undersigned hereby applies for a zoning permit for the following use described, based on the information provided herein, all of which the applicant swears to be true:

Location of property _____

Name(s) of Owner(s) _____ Phone _____

Address of owners _____

Name of Occupant _____ Phone _____

Name of Applicant _____ Phone _____

Address of applicant _____

Existing use _____ Proposed use _____

Please provide a drawing of lot showing road frontage, existing structures, and proposed construction. Include the least distance of all structures from property lines and all distances of proposed construction from property lines. (Draw here or attach drawing.)

Height of the proposed structure above average grade _____

Use of proposed structure _____ Estimated cost of proposed construction _____

Remarks:

Applicant Signature _____

Zoning Inspector Signature _____

Date filed with Zoning Inspector _____ Present Zoning _____ Fee _____

Permit granted _____ Fee paid _____ Zoning inspector _____

This permit is valid for one year after the date granted.