

MILLCREEK TOWNSHIP RESIDENTIAL ZONING PERMIT PERMIT No.: _____

P.O. BOX 157, OSTRANDER, OHIO 43061 | 937.644.3449 | WWW.MILLCREEKTWPOHIO.US

TYPE: HOME (\$250.00 PER UNIT) HOME ADDITION / ALTERATION (\$125.00) ACCESSORY BUILDING (\$50.00)
 DECK (\$25.00) FENCE (\$25.00) SWIMMING POOL (\$25.00) PERMIT REVISION (\$25.00)

PROPERTY OWNER(S): _____ MAILING ADDRESS: _____

DEVELOPER/CONTRACTOR: _____ PHONE: _____

PRIMARY CONTACT: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY ADDRESS: _____

SUBDIVISION NAME (IF APPLICABLE): _____ LOT NUMBER(S): _____ LOT SIZE (ACRES): _____

ZONING DISTRICT(S): U-1 R-1 PRD OTHER: _____

DESCRIPTION OF IMPROVEMENTS (WITH PROPOSED DIMENSIONS): _____

SETBACKS FROM PROPERTY LINES: FRONT (ROW): _____ FT., REAR: _____ FT., RIGHT SIDE: _____ FT., LEFT SIDE: _____ FT.

FINISHED FLOOR AREA (HOME OR ADDITIONS): _____ BUILDING COVERAGE (%): _____ HEIGHT (FEET): _____

SUBMISSION REQUIREMENTS:

- SITE PLAN - DRAWN TO SCALE INDICATING THE SIZE & LOCATION OF ALL EXISTING & PROPOSED BUILDINGS AND IMPROVEMENTS.
- UNION SOIL & WATER CONSERVATION DISTRICT RECOMMENDATION (NEW HOMES): CONTACT BOB SCHEIDERER 937-642-5871 x104
- APPLICATION FEE (AMOUNT LISTED BY TYPE): CASH OR CHECK PAYABLE TO "MILLCREEK TOWNSHIP"

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND FURTHER AGREE THE IMPROVEMENT(S) WILL COMPLY WITH PROVISIONS OF THE MILLCREEK TOWNSHIP ZONING RESOLUTION.

SIGNATURE OF OWNER(S)/AGENT _____

OWNER(S)/AGENT'S NAME PRINTED OR TYPED _____

DATE OF APPLICATION _____

DATE RECEIVED: _____ PAYMENT TYPE: _____ AMOUNT: _____ DATE TO CLERK: _____

THE FOLLOWING ACTION WAS TAKEN UPON REVIEW OF THIS APPLICATION AND DETERMINING OVERALL COMPLIANCE WITH THE MILLCREEK TOWNSHIP ZONING RESOLUTION, IN ACCORANCE WITH OHIO REVISED CODE SECTION 519.

ACTION: APPROVED DENIED

SIGNATURE: _____ DATE: _____

NOTES: _____



**Know what's below.
Call before you dig.**

THE APPLICANT IS RESPONSIBLE FOR MARKING CORNERS OF PROPOSED IMPROVEMENT FOR PRIOR ONSITE INSPECTION AND ENSURING CONTINUED COMPLIANCE WITH THE MILLCREEK TOWNSHIP ZONING RESOLUTION DURING CONSTRUCTION. IF CONSTRUCTION DOES NOT BEGIN WITHIN SIX (6) MONTHS OF THE ISSUANCE DATE OF THIS PERMIT, THIS PERMIT IS NO LONGER VALID. CHANGES TO PLANS MAY REQUIRE A REVISED PERMIT. OTHERWISE, THIS PERMIT IS VALID FOR TWELVE (12) MONTHS.

DATE OF STAKING INSPECTION: _____ APPROVED MODIFIED

DATE OF FINAL COMPLIANCE INSPECTION: _____ APPROVED DENIED

FORM APPROVED: 02/03/14

ZONING PERMIT # _____