

Zoning Certificate Application

Polk Township, Crawford County, 7680 SR 309, Galion, OH 44833

Property Owner's Name: _____ Daytime Phone: _____

Mailing Address: City _____ State: _____ Zip Code: _____

E-911 Locatable Address: _____

Adjacent Property Owners: _____

Estimated Completion Date: _____ Zoning District: _____

Estimated Construction Value: _____ Parcel ID#: _____

Proposed Use and/or Construction:

- New Construction Manufacturing Fence
 Remodeling Sign Board: Size _____ Swimming Pool
 Business
 Accessory Building Residence: Number of Families _____ Other: _____

Building Setbacks:

Front _____ Rear _____

Building Dimensions:

Length _____ Width _____ Height _____

Left Side: see drawings

Left Side: see drawings

Lot Size: _____ Road Frontage: _____

Source of Water: _____ Sewage Disposal Method: _____

I, the undersigned, request a zoning certificate for the use and/or construction stated, to be issued on the basis of the representation contained in this application and any required submission materials. I fully understand that any incorrect or misleading representations may result in the permit becoming void and legal action instituted by Polk Township. I further understand that the certificate may contain conditions with which I will be required to comply.

Owner's Signature: _____ Date: _____

For Administrative Use Only

Application Number: _____ Submitted On: _____ Fee: _____

Referred to Development Review Board:

Site Plan: _____ Conditional Use: _____ Variance: _____ Appeal: _____

Granted: _____ Denied: _____ By: _____

Administrative Office

Reason for Denial or Conditions: _____

A copy of the complete permit is on file in the Zoning Administrator's Office