

STRUCTURE/USE CHANGE

SYLVANIA TOWNSHIP

To the Board of Trustee's, Sylvania Township, Lucas County, Ohio: The undersigned, as owner and/or agent of the following described property, does hereby apply for a Zoning Permit.
 Included with this application is a site plan indicating actual lot dimensions, exact measurements and sizes of proposed and existing structures, easements, and right of way.

PLEASE PRINT		
PROPERTY _____ <i>Business name, if applicable</i>	LOT DIMENSIONS	ZONING DISTRICT
ADDRESS _____	LOT AREA	PARCEL #
	_____ public water	_____ well water
	_____ public sewer	_____ septic, leach
	_____ inside lot	* _____ Health Dept. approved
	_____ corner lot	

PROPERTY OWNER	LEGAL DESCRIPTION
Name _____	
Address _____	
Phone _____	and subject to all legal easements of record, including highway and road.

TYPE OF IMPROVEMENT	
NEW CONSTRUCTION:	ACCESSORY STRUCTURE:
_____ Commercial use	_____ Garage
_____ Industrial use	_____ Fence
_____ 1-family dwelling	_____ Deck
_____ 2-family dwelling	_____ Temporary
_____ Multi-family	_____ Other _____
_____ Addition	
_____ Alteration/Renovation	Current Use:
_____ Other _____	_____ Same _____ Other
* _____ Fire Dept. approved	Use changed to: _____
PROPOSED STRUCTURE:	STRUCTURE SETBACKS:
_____ Dimensions	_____ Front
_____ Total sq. ft.	_____ Rear
_____ Story	_____ Left side
_____ Height	_____ Right side
OTHER DETAILS OF PROPOSED:	ESTIMATED VALUE:
	\$

A non-permanent accessory structure located within any easement is the sole responsibility of the property owner.
 Zoning Permits shall be issued in conformity with the provisions of the Zoning Resolution unless the Board of Zoning Appeals grants an approval.

I certify that the information contained in this application and its supplements are true and correct; that employees of Zoning are not attorneys and I am not required to rely on their advice; I understand that any permit issued upon false statement of fact pertinent to the issuance hereof shall render it void.

APPLICANT _____ <i>if other than property owner</i>	APPLICANT SIGNATURE	
PRINT NAME		
ADDRESS	DATE	PERMIT #
	PHONE	RECEIPT #