

STRUCTURE/USE CHANGE

Form 4.2012

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

PROPERTY OWNER Name _____ Address _____	LEGAL DESCRIPTION and subject to all legal easements of record, including highway and road.
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I understand that additional approval may be required from my Subdivision Association for the proposed improvements being made on my property to make sure that all of my deed restrictions are being met. INITIAL _____ DATE _____

TYPE OF IMPROVEMENT	
NEW CONSTRUCTION: _____ Pools/Ponds _____ Detention _____ Landscaping _____ Grading Certificate of Occupancy _____ Temp. CO _____ Final CO * _____ Fire Dept. approved	ACCESSORY STRUCTURE: _____ Commercial use _____ Industrial use _____ 1-family dwelling _____ 2-family dwelling _____ Multi-family _____ Addition _____ Alteration/Renovation _____ Other _____ Current Use: _____ Same _____ Other Use changed to: _____
PROPOSED STRUCTURE: _____ Dimensions _____ Total sq. ft. _____ Story _____ Height	STRUCTURE SETBACKS: _____ Front _____ Rear _____ Left side _____ 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 if other than property owner	APPLICANT SIGNATURE	
PRINT NAME	DATE	PERMIT #
ADDRESS	PHONE	RECEIPT #