ZONING PERMIT APPLICATION

Spring Valley Township

2547 US Route 42 South, PO Box 147, Spring Valley OH 45370

STEP 1: PROPERTY AND CONTACT INFORMATION

* * * Office Use Only * * * Date: _____ Permit No.: _____

Fee Paid: _____ Check No.: _____

Address of Property: _				City: _		Zip:	
Property Owner:		Phone:			-		
Owner Address:				_Email:			
Name of Contractor:		Phone:					
Acreage of Property	Pa	rcel Number:					
STEP 2: PROPOS		JCTION					
Proposed/Building Use	:						
□ New Construction	□ Accessory B	uilding 🛛 Deck		□ Business	□ Othe	ər	
□ Addition	□ Fence		g Pool	□ Industry			
STEP 3a: NEW B	UILDINGS AN	D ADDITIONS					
Total floor space:	sq ft	; Total living area:	sq ft; He		t to peak of roof:	ft.	
Property line setbacks:	FRONT	ft; REAR	ft; SI	DE 1	ft; SIDE 2	ft.	
5. The building STEP 3b: FENCES Fence Height:	S, DECKS AN		ach constru	-			
STEP 3c: SIGNS				U	0 1		
Total Area of Existing Ground Signs		, W <i>all</i> Sig	, W <i>all</i> Signs		, O <i>ther</i> Signs		
Area of Proposed Sign		Height	of Sign _		Lot Frontage		
I hereby certify that all of information and belief. I thereon by the township z certificate has not begun void. All construction sha	hereby consent to coning inspector. I or substantially pur	the inspection of the su hereby acknowledge that sued within six months	bject prop t I unders	erty and of any l tand that if the co	ouildings or structures	s to be construc cribed in the zor	ted
Applicant Signature		Date					
NOTE: REFUSAL OF TH	HIS CERTIFICATE	MAY BE APPEALED B'	Y FILING /	AN APPLICATIO	N WITHIN 20 DAYS (OF DENIAL.	
This application has be Township Zoning Inspe		/EDREJECTED) for issua	ance of a Zoning	g Certificate by the	Spring Valley	
Spring Valley Twp Zon	ing Inspector	Date					