Date of Application _____

CLARIDON TOWNSHIP, MARION COUNTY, OHIO, ZONING APPLICATION

Application is hereby made by_____
(Name of Owner of Owner Agent)

for zoning permit to occupy, use, erect and/or alter the premises described on the reverse side hereof, The plot plan on the revere side hereof and the representation therein contained are made a part of this application, in reliance upon which, and inducement therefore the Township of Claridon is requested to issue a zoning permit in accordance with the following fee schedule:

MINIMUM PERMIT FEES:	**OTHER FEES:**
Agricultural/Residential - $100 plus $.25 per sq ft	Residential Signs - $125 plus $.25 per sq ft
Commercial/Industrial for buildings <$1,000,00 - $500 plus $.25 per sq ft.	Commercial/Industrial Signs - $250 plus $.25 per sq ft
Commercial/Industrial for buildings >$1,000,00 - $2500 plus $.25 per sq ft.	Accessory Building Residential - $100 plus $.25 per sq ft
	Home Business Permit - $100
	Zoning Appeals Application - $400
	Request for Rezoning - $600
	Amendment to Claridon Township Codes - $600
	Application for Planned Development - $1000 includes 2 meetings - $500 for each additional meeting

TYPE OF PERMIT:

( ) Residential ( ) Commercial/Industrial <$1,000,000 ( )Commercial/Industrial >$1,000,000

( ) Temporary House Trailer ( ) Sign

( ) Other _____

GENERAL INFORMATION FOR PERMIT:

Cost of Construction $_____ Permit fee $_____

Purpose of occupancy or use _____

Number of Stories _____ Number of Rooms _____ Number of Families _____

Width _____ Length _____ Height _____

Lot Number _____ House Number _____ Street _____

CERTIFICATION OF APPLICATION:

It is understood and agreed by this applicant that any error, misstatement of misrepresentation of any material fact, either with or without intention on the part of the applicant, such as might, or would operate to cause a refusal of the permit, or any material alteration or change in the accompanying plans made subsequent to the issuance of a permit in accordance with this application without the approval of the Township of Claridon, shall constitute sufficient ground for the revocation of such permit. It is further certified that the premises for which this application is made is not now occupied or used contrary to the Zoning Resolution of the Township of Claridon and to the applicant's knowledge this application is not contrary to easements, covenants, deed restrictions or agreements which impose greater restrictions than those imposed by the Zoning Resolution.

Do Not Sign Here Unless the Drawing on Reverse Side of This Sheet is Correct:

_____ _____
Signature of Applicant Present Address of Applicant

Permit Number _____ **ZONING PERMIT** (To be completed by Zoning Inspector Only)

The Foregoing application for zoning permit is ( ) Granted ( ) Refused

If refused state reason and section of Zoning Resolution: _____

Dated _____ Zoning Inspector _____