

FRANKLIN TOWNSHIP
MERCER COUNTY
ZONING PERMIT APPLICATION
ACCESSORY USE/ STRUCTURE

Permit #: _____
Date Filed: _____
Zoning District: _____
Principal Use: _____

Please follow instructions

All applications must be accompanied by details of:

1. Actual lot dimensions
2. Principal building dimensions
3. Accessory building dimensions
4. Location of accessory building
5. Front, rear, and side yard set backs
6. Maximum building height
7. Dimensions, surface and location of drive(s)
8. Off-street parking (when applicable)
9. Street
10. Directions to the property from the nearest highway

Address of Property: _____	Estimated Cost \$: _____
Lot # and Subdivision: _____	
Owner's Name: _____	Contractor's Name: _____
Owner's Address: _____	Contractor Address: _____
Owner's Phone: _____	Contractor's Phone: _____
Type of accessory: _____	
<i>(Specify: Building, Pool, Parking, Fence, Etc.)</i>	

APPLICANT - READ BEFORE SIGNING

The Applicant hereby certifies that all information on, and attached to, this application is true and correct. The Applicant also declares that no part of the land involved in this application has been previously used to provide required yard space and/or lot area for another use or building. The Applicant acknowledges that all construction will be in compliance with the Construction Standards of Mercer County and all applicable building codes and grants access rights to this property to any zoning personnel for inspection purposes.

Signature of Owner or Owner's Agent: _____ Date _____

DISCLOSURE – DISCLAIMER

In issuing this permit, Franklin Township acknowledges that the building and/or the use represented herein are in compliance with the Zoning Code of Franklin Township, Mercer County, Ohio. It is the responsibility of the property owner to make sure that the actual construction and use are as stated on the application and plan, and to assure compliance with any other applicable laws. This permit expires twelve (12) months after its issuance unless construction has started or in (2) years if the project is not substantially completed. The decision as to "substantially completed" will be at the discretion of the Zoning Inspector

Signature of Zoning Inspector: _____ Date _____

IT IS THE RESPONSIBILITY OF THE OWNER OR CONTRACTOR TO NOTIFY THE ZONING INSPECTOR WHEN THE STAKES ARE SET AND THE FOUNDATION IS COMPLETED. NO CONSTRUCTION CAN BEGIN UNTIL THE FOUNDATION HAS BEEN INSPECTED.

FOR OFFICE USE ONLY
Zoning Inspection Checklist

	Regulations	Application	Staked	Foundation
Maximum Height	_____	_____	_____	_____
Minimum Front Yard	_____	_____	_____	_____
Minimum Side Yard	_____	_____	_____	_____
Minimum Rear Yard	_____	_____	_____	_____
Maximum Percent of Lot Coverage	_____	_____	_____	_____
Off Street Parking Spaces	_____	_____	_____	_____

MAKE CHECKS PAYBLE TO: FRANKLIN TOWNSHIP TRUSTEES

\$ 20 IF LESS THAN 200 SQUARE FEET
 \$ 30 FOR 200 - 499 SQUARE FEET
 \$ 40 FOR 500 - 1000 SQUARE FEET
 \$ 50 FOR MORE THAN 1000 SQUARE FEET

FEE \$: _____	
PAID: _____	
CHECK #: _____	"A" DISTRICT?: _____
MEETS RES DESIGN STD: _____	5 ACRES or MORE?: _____
MEETS APPEARANCE STD: _____	<i>(Attach Elevations)</i>
FLOOD PLAIN: _____	
SFHA PERMIT DATE: _____	<i>(A special Flood Hazard Area Permit is required prior to zoning permit)</i>
PANEL: _____	
APP REVIEW DATE: _____	NOT USED AS DWELLING?: _____
STAKE CHK DATE: _____	< 50% ADD FLR AREA?: _____
FOUNDATION CHK DATE: _____	EASEMENT/ENCROACHMENT: _____
PERMIT GRANTED DATE: _____	CONDITIONAL USE: _____
PERMIT DENIED DATE: _____	ABUTS "R" DISTRICT: _____

Completed by: _____ Date _____

Notes & Comments: _____

Franklin Township Zoning
 Eric Kramer, Inspector
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 Celina, Ohio 45822
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 E-mail at franktwp@bright.net