

FRANKLIN TOWNSHIP  
MERCER COUNTY  
**ZONING PERMIT APPLICATION**  
NEW DWELLING

Permit #: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Zoning District: \_\_\_\_\_  
# of Units: \_\_\_\_\_

***Please follow instructions***

All applications must be accompanied by details of:

1. Actual lot dimensions
2. Principal building dimensions, including square feet of living space
3. Front, rear, and side yard set backs
4. Maximum building height
5. Dimensions, surface and location of drive(s)
6. Off-street parking (when applicable)
7. Street
8. 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: _____

**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**

	<u>Requirements</u>	<u>Application</u>	<u>Staked</u>	<u>Foundation</u>
Lot Area	_____	_____	_____	_____
Lot Width	_____	_____	_____	_____
Floor Area	_____	_____	_____	_____
Minimum Front Yard	_____	_____	_____	_____
Minimum Side Yard	_____	_____	_____	_____
Minimum Rear Yard	_____	_____	_____	_____
Maximum Percent of Lot Coverage	_____	_____	_____	_____
Off Street Parking Spaces	_____	_____	_____	_____
Maximum Building Height	_____	_____	_____	_____

MAKE CHECKS PAYBLE TO: FRANKLIN TOWNSHIP TRUSTEES

<b>FEE \$:</b>	\$ 75 FOR NEW SINGLE FAMILY	
	\$ 50 2, 3, AND MULTI-FAMILY PER EACH UNIT	_____
<b>PAID:</b>		_____
<b>CHECK #:</b>		_____
<b>MEETS RES DESIGN STD:</b>		_____
<b>MEETS APPEARANCE STD:</b>	<i>Attach Elevations</i>	_____
<b>FLOOD PLAIN:</b>		_____
<b>SFHA PERMIT DATE:</b>	<i>A special Flood Hazard Area Permit is required prior to zoning permit</i>	_____
<b>PANEL:</b>		_____
<b>APP REVIEW DATE:</b>	<b>SINGLE FAMILY:</b>	_____
<b>STAKE CHK DATE:</b>	<b>DUPLEX:</b>	_____
<b>FOUNDATION CHK DATE:</b>	<b>TRI-PLEX:</b>	_____
<b>PERMIT GRANTED DATE:</b>	<b>FAMILY UNITS &gt; 3: #</b>	_____
<b>PERMIT DENIED DATE:</b>	<b>CONDITIONAL USE:</b>	_____
	<b>EXISTING LAND USE:</b>	_____

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Notes & Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Franklin Township Zoning  
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