

ZONING PERMIT APPLICATION  
FRANKLIN TOWNSHIP, MERCER COUNTY  
**USE CHANGE or TEMPORARY**

Existing use: \_\_\_\_\_

Proposed use: \_\_\_\_\_

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

Address of Property: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_

Owner's Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

\_\_\_\_\_

Contractor's Phone: \_\_\_\_\_

**The application shall be accompanied by a plan of the site showing the following:**

- Actual lot dimensions
- Building dimensions
- Maximum building heights
- Front, side and rear yard set backs
- Dimensions, surface and location of drive(s)
- Off-street parking
- Street
- Length of use

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**DIRECTIONS TO THE PROPERTY, FROM THE NEAREST HIGHWAY, MUST  
BE PROVIDED**

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OWNER OR OWNER'S AGENT \_\_\_\_\_  
SIGNATURE

In issuing this permit the Franklin Township acknowledges that the building and/or the use represented herein is 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 will be in compliance with the Construction Standards of Mercer County and all applicable codes and laws.

This permit expires (12) twelve months after its issuance, unless construction has been begun or in (2) two years if the construction is not deemed substantially completed. The decision as to "substantially completed" will be at the discretion of the Zoning Inspector.

**ZONING INSPECTOR** \_\_\_\_\_

Signature

\_\_\_\_\_ Date

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**FOR OFFICE USE ONLY**

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**FEE: \$** \_\_\_\_\_ **PAID:** \_\_\_\_\_

Change of Nonconforming Use? \_\_\_\_\_ yes \_\_\_\_\_ no

Abuts "R" District? \_\_\_\_\_ yes \_\_\_\_\_ no Conditional Use? \_\_\_\_\_ yes \_\_\_\_\_ no

Flood Plain \_\_\_\_\_, Panel \_\_\_\_\_

**Additional requirements/ notes:** \_\_\_\_\_

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Application Review: \_\_\_\_\_

Initials

\_\_\_\_\_ Date

\_\_\_\_\_ Grant \_\_\_\_\_ Deny

Comments: \_\_\_\_\_

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