

ORANGE TOWNSHIP ZONING OFFICE
1680 EAST ORANGE ROAD
LEWIS CENTER, OHIO 43035-9502
PHONE 740 548-5430
FAX 740-548-7537

DATE ISSUED: _____
PERMIT NUMBER: _____
FEE: _____ CK. NO.: _____

APPLICATION FOR ZONING PERMIT
(COMMERCIAL / INDUSTRIAL)
(CHANGE OF USE)

NAME OF OWNER: _____ PHONE: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____
BUILDER: _____ PHONE : _____ FAX: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____
ADDRESS OF PROPERTY: _____
RANGE: _____ TWP _____ SECTION: _____ FARM LOT NUMBER: _____
SUBDIVISION NAME: _____ PHASE NO.: _____
INLOT NUMBER: _____ PERMANENT PARCEL #: _____
ZONING DISTRICT: _____ ACREAGE: _____ PRESENT USE: _____
PROPOSED USE: _____
TYPE OF BUILDING: COMMERCIAL: _____ INDUSTRIAL: _____ OTHER: _____
TYPE OF SEWAGE DISPOSAL: _____
ON LOT SYSTEM PERMIT NUMBER: _____ DATE ISSUED: _____
LOT WIDTH AT BUILDING LINE: _____ LOT DEPTH: _____
LOT AREA: _____ SQ. FT. BUILDING AREA AT GROUND LEVEL: _____ SQ. FT.
BUILDING AREA TOTAL ALL FLOORS: _____ SQ. FT.
PERCENTAGE OF LOT TO OCCUPIED BY BUILDINGS: _____ %
BUILDING HEIGHTS: _____ STORIES _____ FEET
SIDE YARD WIDTH: _____ (RIGHT) _____ (LEFT)
PARKING SPACES REQUIRED: _____ PROVIDED: _____
LOADING BERTHS REQUIRED: _____ PROVIDED: _____

Applicant certifies that all information contained herein is true and accurate and is submitted to induce the issuance of the Zoning Permit. Applicant agrees to be bound by the provisions of the Zoning Resolution of Orange Township, Delaware County, Ohio.

DATE: _____ APPLICANT: _____

Signature

Attach such plats and plans as required by the zoning inspector and/or the provision of the Orange Township Zoning Resolution.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED