

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
TEMPORARY SPECIAL EVENTS

ORANGE TOWNSHIP

NAME OF OWNER: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

ADDRESS OF PROPERTY: _____

RANGE: _____ TWP: _____ SECTION: _____ FARM LOT NUMBER: _____

SUBDIVISION NAME: _____ PHASE NO.: _____

INLOT NUMBER: _____ ACREAGE: _____

ZONING DISTRICT: _____ PRESENT USE: _____

TEMPORARY PERMIT FOR A MAXIMUM FIFTEEN (15) DAYS.

START DATE: _____ EXPIRATION DATE: _____

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