

Orange Township Zoning Office
1680 East Orange Road
Lewis Center, OH 43035-9502
Phone: 740.548.5430
FAX: 740.548.7537



DATE ISSUED: _____
PERMIT NUMBER: _____
FEE: _____ CH No: _____

RESIDENTIAL APPLICATION FOR ZONING PERMIT

NAME OF OWNER: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

BUILDER: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

ADDRESS OF PROPERTY: _____ CITY/STATE: _____ ZIP: _____

RANGE: 18 TWP: 3 SECTION: _____ FARM LOT NUMBER: _____

SUBDIVISION NAME: _____ PHASE NUMBER: _____

INLOT NUMBER: _____ PERMANENT PARCEL NUMBER: _____

ZONING DISTRICT: _____ ACREAGE: _____ PRESENT USE: _____

PROPOSED USE: _____

TYPE OF BUILDING: DWELLING _____ GARAGE _____ STORAGE _____ OTHER _____

TYPE OF SEWAGE DISPOSAL: _____

ON LOT SYSTEM PERMIT NUMBER: _____ DATE ISSUED: _____

LOT WIDTH AT BUILDING LINE: _____ LOT DEPTH: _____

BUILDING LIVING AREA TOTAL ALL FLOORS: _____ PERCENT OF LOT OCCUPIED BY BUILDING: _____ %

LOT AREA: _____ SQ FT BUILDING AREA AT GROUND LEVEL: _____ SQ FT

BUILDING HEIGHT: _____ STORIES _____ FEET SIDE YARD WIDTH: _____ RIGHT _____ LEFT

PARKING SPACES 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