

Date: _____

Permit #

LaGrange Township APPLICATION FOR RESIDENTIAL ZONING PERMIT

The undersigned hereby applies to LaGrange Township, Lorain County, Ohio for a Zoning Certificate for the following use to be used on the basis of the representations herein contained, all of which the applicant swears to be true. The applicant understands this Zoning Permit shall expire and may be revoked six (6) months from the date of approval on the application, if work has not begun. Provided however, that construction has been started within six (6) months said Zoning Certificate shall automatically be extended for an additional six (6) months and expire twelve (12) months from the date of approval. ***Please note: Filling out this form and mailing it in with a check does not complete the zoning permit process. Before the zoning permit becomes valid, it must first be assigned a zoning permit number and be signed by the acting Zoning Inspector. ZONING FEES ARE NOT REFUNDABLE AFTER 30 DAYS.**

Owner's Name: _____ Phone #: _____

Location of Property: _____

Mailing Address: _____

Permanent Parcel No.:

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 Sub lot No.: _____ District: _____

Proposed use: _____ # of Families: _____ Kind of Construction: _____

Finished exterior surface coverings: _____ Builders Name: _____

Address: _____ Phone: _____

Plot Plan is attached: Blueprints attached: Legal description or copy of Deed attached:

PRIMARY STRUCTURE: ACCESSORY BUILDING: ADDITION: POOL: POND: FENCE:

Width: _____ ft. Depth: _____ ft. Height: _____ ft. Total Sq. ft: _____

Stories: _____ Basement: _____ sq. ft. 1st Level: _____ sq. ft. 2nd Level: _____ sq. ft.

3rd Level: _____ sq. ft. Attached Garage: _____ sq. ft. Porch/ Deck: _____ sq. ft.

Additional Information: _____

Lot: Road Frontage: _____ ft. Depth: _____ ft. Acreage: _____

SET BACKS: Road Right-of-way: _____ ft. Rear Yard: _____ ft. Side Yard: R _____ ft. L _____ ft.

Distance to other Structures: Residence: _____ ft. Acc. Bldg.: _____ ft. Other: _____ ft.

Health Permit No.: _____ Date Permit Expires: _____ Cost of Construction: \$ _____

There is to be NO OPEN BURNING on construction sites. Permission must be obtained before any alterations are done in the road right-of-way. The acceptance of this permit herein applied for shall constitute an agreement on my part to abide by all the conditions herein contained and comply with all regulations of the Township of LaGrange and the laws of the state of Ohio relating to the work to be done there under, and said agreement is a condition of said permit. N/A only applies for the construction applied for on this permit, it does not exempt the property owner from complying with the LaGrange Township Zoning Resolution, in any additional construction on this property in the future.

Date of Filing Application: _____ Print Applicants Name: _____

Is this a Township road? Yes No Applicant's Signature: _____

(Additional Township Road and Bridge Fee of \$50 applies if checked YES) Township Roads Include: Whitney Rd, Webster Rd, Wheeler Rd, Biggs Rd, Crook St, Parsons Rd, Law Rd, Hidden Canyon Dr, Elk Creek Dr, Creekside St, Rachel Dr, Rhonda Dr, Kipton Nickel-Plate Rd, Meadow Ln, Chuckar Ct, East Pkwy

Zoning permit Fee: _____ = Total: \$ _____ Date Pd.: _____ Check # _____

(Make all checks payable to "LaGrange Township". No Cash payments accepted.)

ZONING CERTIFICATE

This Permit is being: Approved Denied

The above application and the statements that are made thereof, the proposed USAGE is found to be in accordance with the Lagrange Township Zoning Resolutions.

LaGrange Twp. Zoning Inspector _____ Date: _____

Reason for Denial: _____