

**JACKSON TOWNSHIP PLOT PLAN EXAMINATION AND ZONING PERMIT**  
 49 E. Walnut Street, Farmersville, OH 45325 (937) 696-3010 Ext #2, or Fax (937) 696-4402

**IMPORTANT -Applicant to complete all items in sections: I, II, III, IV AND V**

<b>I. LOCATION OF BUILDING</b>	At (Location) _____ Zoning District: _____	
	(NO.)	(STREET)
	BETWEEN _____ AND _____	
	(CROSS STREET)	(CROSS STREET)
	SUBDIVISION _____ LOT# _____ BLOCK _____ LOT SIZE _____	
	(if applies) Parcel number: _____ Section: _____ Town: _____ Range: _____	

**II. TYPE OF BUILDING**

<b>A. TYPE OF CONSTRUCTION</b> 1. <input type="checkbox"/> New Building Single Family Residential 2. <input type="checkbox"/> Addition 3. <input type="checkbox"/> Wrecking (removal) 4. <input type="checkbox"/> Accessory Garage or Barn 5. <input type="checkbox"/> Pool (in-ground or Above Ground)	<b>B. Proposed Use</b> 1. <input type="checkbox"/> Residential 2. <input type="checkbox"/> Two or More family residence 3. <input type="checkbox"/> Accessory 4. <input type="checkbox"/> Other _____  <b>C. Size:</b> _____ x _____ (if applies)  <b>D. Square Footage of livable space (exclusive of basements, open porches, garages or steps)</b> _____ Total Square Feet  <b>E. Bedrooms:</b> _____ <b>Bath:</b> _____ <b>Number of Stories:</b> _____ <b>Basement:</b> _____	<b>CONTRACTORS NAME:</b> _____ _____ <b>Phone Number:</b> _____ _____
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**C. Property Owners Name:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (No.) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip)

Mailing address if different  
From above: \_\_\_\_\_ (No.) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip)

Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_

<b>D. Approx. Cost from foundation up:</b> 1. \$ _____ .00 \$100 for first \$35,000 and \$1.00 for every \$1,000 after 2. \$100.00 Flat Fee if under \$35,000	<b>E. Type of Sewage Disposal</b> 1. <input type="checkbox"/> Public 2. <input type="checkbox"/> Private (septic tank, etc.) 3. <input type="checkbox"/> Other _____
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<b>F. Type of Water Supply</b> 1. <input type="checkbox"/> Public or Private company 2. <input type="checkbox"/> Private (well, cistern) 3. <input type="checkbox"/> Other _____ _____ _____	<b>III. ZONING DISTRICT PROPOSED STRUCTURE LOCATION</b> 1. <input type="checkbox"/> Agricultural 2. <input type="checkbox"/> R-1 Single family residential 3. <input type="checkbox"/> OR-2 Office Residential 4. <input type="checkbox"/> B-1 Business District 5. <input type="checkbox"/> B-2 Business 6. <input type="checkbox"/> B-3 Business 7. <input type="checkbox"/> B-4 Business 8. <input type="checkbox"/> I-I Light Industrial 9. <input type="checkbox"/> RFP Regional Flood Plain
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**IV Setbacks:**

A. 1. Front Yard: _____ 3. Back Yard: _____ 4. Right Yard: _____ 5. Left Yard: _____ (NA= Meets or exceeds Zoning Requirements)	Any Other Information: _____ _____ _____
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**V. Attachments needed: (Please check appropriate box if attached)**

1. <input type="checkbox"/> Septic and Leach plan 2. <input type="checkbox"/> Plot Plan of property 3. <input type="checkbox"/> Copy of the deed to property	OTHER INFORMATION: _____ _____ _____
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**OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

1. PERMIT NO. _____ 2. APPROVED _____ YES _____ NO	REASON FOR DISAPPROVAL: _____ _____ _____
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INSPECTORS SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
 All information supplied and submitted in all respects are true and correct to the best of my knowledge.

**APPLICANTS SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

