

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

I. LOCATION OF BUILDING	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

A. TYPE OF CONSTRUCTION 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. Proposed Use 1. <input type="checkbox"/> Residential 2. <input type="checkbox"/> Two or More family residence 3. <input type="checkbox"/> Accessory 4. <input type="checkbox"/> Other _____ C. Size: _____ x _____ (if applies) D. Square Footage of livable space (exclusive of basements, open porches, garages or steps) _____ Total Square Feet E. Bedrooms: _____ Bath: _____ Number of Stories: _____ Basement: _____	CONTRACTORS NAME: _____ _____ Phone Number: _____
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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 _____

D. Approx. Cost from foundation up: 1. \$ _____ .00 \$100 for first \$35,000 and \$2.00 for every \$1,000 after 2. \$100.00 Flat Fee if under \$35,000	E. Type of Sewage Disposal 1. <input type="checkbox"/> Public 2. <input type="checkbox"/> Private (septic tank, etc.) 3. <input type="checkbox"/> Other _____
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F. Type of Water Supply 1. <input type="checkbox"/> Public or Private company 2. <input type="checkbox"/> Private (well, cistern) 3. <input type="checkbox"/> Other _____ _____ _____	III. ZONING DISTRICT PROPOSED STRUCTURE LOCATION 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. _____	REASON FOR DISAPPROVAL: _____
2. APPROVED _____ YES _____ NO _____	_____

INSPECTORS SIGNATURE _____ DATE: _____
 All information supplied and submitted in all respects are true and correct to the best of my knowledge.

APPLICANTS SIGNATURE _____ DATE: _____

