

NOTE: Ohio Law required ALL EXCAVATIONS <u>MUST</u> be registered in advance with the Ohio Utilities Protection Service (O.U.P.S.) @1-800-362-2764 OR 811.

<u>Commercial Plans</u> must be approved and stamped by the State of Ohio, and submitted to the Knox County Regional Planning Office and any other required local offices.

SECTION 1 OWNER/APPLICANT INFORMATION			
PROPERTY OR BUSINESS OWNER	PHONE NUMBER	EMAIL	
STREET ADDRESS	СПТУ	STATE	ZIP CODE
NAME OF APPLICANT (IF DIFFERENT THAN OWNER)	PHONE NUMBER	EMAIL	
PROPERTY/PROJECT ADDRESS	CITY	STATE	ZIP CODE
SECTION 2 ZONING PERMIT REQUEST			
Sign Permit Conditional Use	☐ Variance	☐ Lot Split	Food Truck (free, advise location)
Rezoning Nonconforming Use		☐ Chickens/4-H	Other
SECTION 3 BUILDING PERMIT REQUEST			
A) PROPERTY B) PROJECT	C) CONSTRUCTION PERMIT TYPE		
Residential New Construction Addition Industrial Alteration/Repair Municipal Demolition Rear Setback Rear Yard Curb Side Setback Front Yard Front Yard Side Setback Front Yard Side Setback Front Yard Front Yard Side Setback Front Yard Front Y	Deck/Po Garage Car Port Fence Pool D) Is project/lot located in Number of Stories (exc Foundation: TOTAL SQU ESTIMATED	rcial Building orch REQUIRED DATA - Ne n Flood Plain? cluding basement): Basement () JARE FEET:	☐ Yes ☐ No Crawl Space ☐ Slab ☐ Other
* Please submit a plan or drawing showing setbacks on the reverse side, or on a separate sheet of paper			
SECTION 4 APPLICANT SIGNATURE			
comply with			Check if 501(c)(3) or other Non-Profit Organization
Property Owner Signature		Date Filed	
SECTION 5 **OFFICE USE ONLY***			
District Permit Approve Denied	Date of Fledring	Date Approved	Permit Number
Lot Number County Prop	perty ID#	Fee Paid \$	Authorized By:
Building \$ Zoning \$	Driveway \$	Other \$	Total \$