

COMMERCIAL ZONING PERMIT APPLICATION

Perkins Township Community Development
 2610 Columbus Ave., Sandusky, OH 44870
 www.perkinstownship.com (419) 609-1435

*Must download and save application before the signature or submittal options are available.



PROPERTY OWNER INFORMATION			APPLICANT TO PROVIDE
OWNER NAME			<input type="checkbox"/> Zoning Status; PUD; <input type="checkbox"/> CUP; Deed Restrictions; Variance (# _____)
OWNER ADDRESS			
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
AGENT INFORMATION		CONTRACTOR INFORMATION	
AGENT NAME		CONTRACTOR NAME	
AGENT ADDRESS		CONTRACTOR ADDRESS	
(CITY STATE ZIP)		(CITY STATE ZIP)	
PHONE		PHONE	
EMAIL ADDRESS		EMAIL ADDRESS	
PROPERTY/LOCATION INFORMATION			
PARCEL NUMBER	CURRENT ZONING	ACREAGE	
ADDRESS	SUBDIVISION		
BUSINESS USE	ACCESSORY USE	CONDITIONAL PERMIT NEEDED	
PROPOSED PROJECT INFORMATION			
PROJECT DESCRIPTION			
SQUARE FOOT OF NEW OR ALTERED AREAS			
SCOPE OF WORK			
<input type="checkbox"/> New Commercial Construction \$200 +\$0.07/SF <input type="checkbox"/> Alteration (No Change of Use) \$25 <input type="checkbox"/> Addition (No Change of Use) \$100 + \$0.07/SF <input type="checkbox"/> Accessory Building <199 SF \$65 <input type="checkbox"/> Accessory Building >199 SF \$75 <input type="checkbox"/> Fence \$35			
**Fees are due at submittal. Fees can be paid by cash, check (payable to Perkins Township), credit card (Transactions paid using a credit or debit card shall be subject to a non-refundable convenience fee equal to five percent (5%) of the amount of the transaction to be added to the total amount otherwise paid.			
APPLICATION AUTHORIZATION			
**I hereby certify that I am the owner or agent for the owner and all information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with the application should be sent to my attention at the address shown above.			
PRINT: Owner/Agent			DATE:
SIGNATURE: Owner/Agent			
To the Board of Township Trustees: Application is hereby made for a Zoning Certificate, to be issued on the basis of the statements contained herein and statements are made a part of said Zoning Certificate when issued.			
STAFF REVIEW			
<input type="checkbox"/> Zoning District <input type="checkbox"/> Permitted Use <input type="checkbox"/> Wetland/Floodplain			
Submittal Date: <input type="checkbox"/> Walk In <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed			Processed By:
<input type="checkbox"/> Approved <input type="checkbox"/> Partial		Signature	Date
<input type="checkbox"/> Denied			