

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			For each land use on the property being affected by the proposed scope of work, please provide a site plan drawn to scale (two (2) copies), including all required elements per Article 25.15 of the Perkins Township Zoning Resolution and all other applicable Articles, including but not limited to: (1) Actual shape and dimensions of the property; (2) General topography; (3) Explanation, location, and dimensions of all affected land use(s) on said property; (4) Location(s) and dimensions of the following: (a) Entrance(s)/Exit(s); (b) Fire lanes; (c) All parking; (d) Exterior dining or patios; (e) Rubbish container(s); (f) All screening and landscaping, such as for the rubbish container, between neighboring properties, the parking lot, etc.; (g) Any exterior storage.
OWNER ADDRESS			
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
APPLICANT INFORMATION	CONTRACTOR INFORMATION	Check if the same as above.	
APPLICANT NAME	CONTRACTOR NAME		
APPLICANT ADDRESS	CONTRACTOR ADDRESS		
(CITY, STATE, ZIP)	(CITY, STATE, ZIP)		
PHONE	PHONE		
EMAIL ADDRESS	EMAIL ADDRESS		
PROPERTY/LOCATION INFORMATION			
ADDRESS	ZONING DISTRICT	ACREAGE	
PARCEL NUMBER	SUBDIVISION		
PRIMARY USE(S)	ACCESSORY USE(S)		
PROPOSED PROJECT INFORMATION			
DESCRIBE THE PROPOSED SCOPE OF WORK BELOW.			
SQUARE FOOTAGE OR LINEAR FEET	EST. VALUE OF IMPROVEMENT(S)		
SCOPE OF WORK			
New Commercial Construction \$200	Addition (No Change of Use) \$100	Alteration (No Change of Use) \$25	
Accessory Building \$75	Parking Lot \$50	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 BY PROPERTY OWNER			
**I hereby certify that I am the property 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:		DATE:	
SIGNATURE:			
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="radio"/> Permitted Use <input type="radio"/> Wetland/Floodplain			
Submittal Date:	<input type="radio"/> Walk In <input type="radio"/> Mailed <input type="radio"/> Emailed	Processed By:	
<input type="radio"/> Approved <input type="radio"/> Partial <input type="radio"/> Denied	Signature	Title	
		Date	