



ACCESSORY BUILDING PERMIT APPLICATION

Marion Township
Hancock County, Ohio

*Submit one (1) site plan showing actual size, dimensions, and shape of: the lot, with corner pins shown, existing and proposed buildings or structures, their distance to lot lines, and other information that is essential to the permit and property. **When the project is laid out and staked, call the Zoning Inspector to set up an appointment to check set back distances for compliance. If you have questions or need further clarification, contact the Zoning Inspector (contact info on website).** The project must be verified, and receive approval, prior to the issuance of the Zoning Permit. Note - Anv accessory building placed in a recorded or dedicated easement is done so at owner's risk.*

Please Print

Address of property: _____

Owner Name: _____ Address: _____

City, State, Zip: _____ Day Phone: _____

Applicant Name (if not owner): _____ Address: _____

City, State, Zip: _____ Day Phone: _____

Contractor: _____ Address: _____

City, State, Zip: _____ Day Phone: _____

Proposed Building

Size of Bldg.: _____ Sq.Ft.: _____ Height of Bldg.: _____

Note – Set back requirements are 10 ft from property line (side & rear).

Yard setback: Front _____ Rear _____ LSide _____ RSide _____

Sq. Ft. Existing Accs. Bldgs. _____ Proposed use of Bldg.: _____

Value of Construction: _____

Is the Accessory Building accessed from the street? _____

I, the undersigned, do hereby certify that all the above statements are true to the best of my knowledge, and understand that any deviation, change or alteration not included or shown on these plans will nullify the approval. I further understand that the permit, when issued, is valid for one year from the date of issue.

Signature: _____ Date: _____

DO NOT FILL OUT BELOW THIS LINE

Zoning Permit: Granted _____ Denied _____ Date: _____ Permit No.: _____

Fee _____ Receipt _____

Zoning Inspector