

**McKean Township, Ohio**  
**Application for Zoning Permit**  
**(Refer to McKean Zoning Resolution Article 25)**  
(Please Print)

Application Number \_\_\_\_\_ Base fee \_\_\_\_\_ Sq ft fee \_\_\_\_\_ Total fee \_\_\_\_\_

1. Applicant \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_
2. Owner \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_
3. Property Address \_\_\_\_\_ Lot# \_\_\_\_\_  
Subdivision \_\_\_\_\_ Or Parcel Number \_\_\_\_\_
4. Zoning district \_\_\_\_\_
5. Existing use \_\_\_\_\_
6. Proposed use or change \_\_\_\_\_
7. Is the area of change in an identified flood plain? (yes or no) \_\_\_\_\_
8. Attach scaled and dimensioned drawings, showing the lot, with location of existing and
9. Highest point above finished grade of proposed structure(s) \_\_\_\_\_
10. Number of off-street parking spaces \_\_\_\_\_
11. Number of dwelling units \_\_\_\_\_
12. Living area (residential) \_\_\_\_\_ square feet
13. Non- living area of accessory structure (residential) \_\_\_\_\_ square feet
14. Cost of improvements \$ \_\_\_\_\_
15. Lot road frontage (main road, continuous) \_\_\_\_\_ feet
16. Lot area \_\_\_\_\_ acres, or \_\_\_\_\_ square feet
17. Setback (front yard) from (Right-of-Way or center of road) \_\_\_\_\_ feet
18. Left yard dimension \_\_\_\_\_ feet
19. Right yard dimension \_\_\_\_\_ feet
20. Rear yard dimension \_\_\_\_\_ feet
21. Public water system (yes or no) \_\_\_\_\_
22. Public sewer system (yes or no) \_\_\_\_\_
23. Well permit number if new construction \_\_\_\_\_
24. Sewage disposal permit number if new construction \_\_\_\_\_
25. Please attach scaled drawing showing existing and proposed structures with building sizes and yard dimensions
26. . Attach any other requested, supplemental, or necessary documentation or information

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date complete application received \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

Date of action on application number \_\_\_\_\_ (approved denied)

Reasons, if denied

\_\_\_\_\_

\_\_\_\_\_  
McKean Township Zoning Inspector

(Form revised 10/23/19 ser)