## 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-m	nail			
2. Owner					
Address			Phone		
3. Property Address_				Lot #	
Subdivision Or Parcel Number					
4. Zoning district					
5. Existing use					
6. Proposed use or ch	ange				
7. Is the area of chang	ge in an identified flo	ood plain? (yes	or no)		
8 Highest point abov	e finished grade of p	oroposed struct	ture(s)		
9. Number of off stree	t parking spaces				
10. Number of dwellin	g units				
11. Living area (reside	ntial) square feet				
12. Area of accessory	structure		square feet		
13. Cost of improvement	ents \$				
14. Lot road frontage (	main road, contigue	ous)			
15. Lot area	acres: or				
16. Setback(front yard	l) from (Right-of-way	y or center of th	ne road)		
17. Left yard	feet. Right yard	feet	Rear yard	feet	

18. Well permit number if new construction				<del></del>
<ol><li>Sewage disposal permit number if new co</li></ol>	onstruction			
<ol><li>Please attach scaled drawing showing ex sizes and yard dimensions on the lot drawn</li></ol>		oosed struc	ctures with	building
21. Is this structure for Agricultural Use?	Yes		_ No	
22. If yes, Please fill out and sign the Agricult Regulations. This can be found on the Towns				
Right to Access Property Statement – By sapplication only, I hereby authorize McKean to enter the property here-in identified under the development here-in identified verifying sapplication, (documenting photo, video, adetermining the compliance with the McKean The undersigned applies for a zoning permit basis of the information contained within this information and attachments to this application	Township Zoning subject proper statements made and written) exist Township Zon for the following application. The subject to t	ng Inspectorty information this application of the inthis application of the inthication of the interest of th	or acting in tion for the oplication i proposed s ition.	their official capacity purpose of reviewing including supporting site condition be issued on the
Also please be aware that this is a farming content herbicide spraying activities, and the applicat extend late into the night or longer depending	tion of fertilizer	including r	nanure. At	
Applicant's signature			Date _	
Date complete application received	By			
Date of action on application number		/	/	approved denied)
Reasons, if denied				
Zoni	ing Inspector,			