

VOID WITHOUT COUNTY PERMIT

Township of Jackson, Mahoning County, State of Ohio

DATE: _____

Permit: _____

Office of the Township Zoning Inspector Application for Zoning Permit / Certificate of Occupancy

Application is hereby made by _____
(Name of Owner or Owner's Agent)

For a permit to erect-alter a structure as described in the accompanying plan(s), which structure(s) to be located as shown on the accompanying plot plan. The accompanying plan(s) and plot plan, and the representations therein contained are made a part of this application, in reliance upon which, and as an inducement therefore, the Township of Jackson is requested to issue this Zoning Permit.

Purpose _____ Frame _____ Brick _____ CB _____ Dryvit _____ Other _____

Stories _____ Rooms _____ Bedrooms _____ Bathrooms _____ Basement _____ No Basement _____ Units _____ Valuation \$ _____

Garage: Attached _____ Detached _____ Width _____ Depth _____ Height _____ Permit Fee \$ _____

Square Feet _____ Lot No _____ House No. _____ Street _____

Zoning District _____ Plat _____ Parcel Number _____

Riparian Setback Required: Yes _____ No _____ Riparian Setback _____ Soil Erosion Required: Yes _____ No _____

Name of Owner _____ Address _____

City _____ State _____ Zip-Code _____ Phone _____ E-Mail _____

Name of Contractor _____ Address _____

City _____ State _____ Zip-Code _____ Phone _____ E-Mail _____

I hereby make application for permit as above, and I do hereby covenant and agree to construct said work in all respects in compliance with the provisions of the statutes of the State of Ohio, County of Mahoning, and the ordinances of the Township of Jackson. Application is also made on the plans, representations and statements hereinbefore contained and subject to the conditions and penalties hereinbefore set forth for a certificate of occupancy, permitting the occupancy and use of the structure or premises located at _____.

It is hereby understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of the applicant, such as might or would operate to cause a refusal of this application and permit, or any material alteration, or change in the accompanying plans made subsequent to the issuance of this permit in accordance with this application without the approval of the Township of Jackson shall constitute sufficient grounds for the revocation of this permit.

No building or structure shall be placed on an easement(s). The applicant shall be responsible for locating easements on the property. If a building or structure should be placed on an easement the owner of the property shall be liable for its removal.

Storm water management drawings required: Yes _____ No _____

Storm water management drawings

approved according to plans submitted: Yes _____ No _____

Signature of Owner, Contractor, or Representative

Jackson Township Zoning Inspector

PERMIT: APPROVED _____ DENIED _____

Expires one (1) year from date of issuance.