

VILLAGE OF LEWISBURG

P. O. Box 697
112 S. Commerce St.
Phone No. 1-937-962-4377
Fax No. 1-937-962-2900

APPLICATION FOR ZONING COMPLIANCE PERMIT

Application / Permit No. _____

Application Date _____

The undersigned applies for a Zoning Compliance Permit for the following described use, said permit to be issued on the basis of the information contained within this application. All applications **must** include as an attachment, plans in triplicate and drawn to scale showing the shape and actual dimensions of the lot, the location and exact size of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations. Upon approval of this application, Applicant shall present to the Preble County Building Inspector for further approvals.

FEE: \$20.00 (Check payable to "Village of Lewisburg ")
(Fee is waived for permitted uses in CBD)

RECEIPT NO. _____

1. LOCATION DESCRIPTION:

STREET ADDRESS _____

LEGAL DESCRIPTION _____

SUBDIVISION NAME _____

PARCEL ID NO. _____

2. OWNER/APPLICANT NAME (S)

ADDRESS _____ PHONE NO. _____

3. EXISTING USE _____ PRESENTLY ZONED AS _____

4. **PROPOSED USE** (Mark or describe as appropriate)

Residence _____ Business _____ Industry _____ No. of Units _____

New Construction _____ Size _____

Accessory Building _____ Remodeling _____

Swimming Pool _____ Other (Describe) _____

(If the proposed use is Business or Industry, attach a detailed description of the nature of the Business or Industry.)

5.. ACCESSORY BUILDING DIMENSIONS : Height _____ Length _____ Width _____

Side Yard Setback _____ Rear Yard Setback _____

Rev. 2 / 04

6. Percentage of lot to be occupied _____
7. Lot Width _____ Lot Depth _____ Lot Area _____
8. Square Feet of Residential Living Area per unit _____
9. Area of Garage _____ Basement _____ Accessory Building _____
10. Area in Commercial _____ Industrial _____ Office _____
11. BUILDING HEIGHTS : Stories _____ Feet _____
12. YARD DIMENSIONS : Front _____ Rear _____ One Side _____
Sum of Side Yards _____
13. Type of Sewage Disposal _____
14. Number of off-street parking spaces _____ Loading Berths _____
15. Pool Depth _____ Water Line Setback _____ Walk / Paved Setback _____
16. Attach a separate sheet listing any supplemental requirements or conditions that will be met, or to explain items needing clarification, and attach plot plan.

Applicant hereby certifies that all information submitted on this form and all attachments to this application are true and correct. Applicant acknowledges that this permit will be void if the work has not begun within one year or is not completed within 2.5 years.

Applicant Signature

Date

FOR OFFICIAL USE ONLY

[] This application for a Zoning Permit has been reviewed for compliance with the Zoning Ordinance applicable to

_____ District and is found to be in compliance with The Lewisburg Zoning Code :
Permit Approved

[] This application must be submitted to the Preble County Building Inspector for approval.

[] This application for permit has been reviewed and found to be deficient in compliance for the Zoning District and returned to Applicant for revision, application for Variance, Conditional Use, or Zoning Amendment.

[] This application for permit has been DENIED and Applicant informed of Appeal Procedures.

ZONING INSPECTOR

Date: _____
