Village of Magnetic Springs
Zoning Regulation

Application for Zoning Permit

This section to be completed by Zoning Officer

Date Received _____. Fee Paid $_____ Application No. _____

Application Fee MUST accompany this application

Checks to be made payable to "Village of Magnetic Springs"

1. Address of the property subject to this application:
   _____
2. Name of Applicant _____
   a. Address: _____
   b. Phone #: _____
3. Property Owner Name(s): _____
   a. Property Owner address: _____
   b. Property Owner phone #: _____
   c. Property Owners Email: _____
4. Attorney Name (if any): _____
5. Attorney's Phone Number (if any): _____
6. Attach a legal description of the subject property. (A copy of the deed contains the required description – if you are in doubt, show the zoning inspector what you have prior to obtaining a survey).
7. Zoning District: R2- Medium Density Residential
8. Description of Existing Use: _____
9. Proposed Use: _____
10. Plans drawn to scale, showing the actual dimensions and shape of the lot to be built upon; the exact size and location of existing buildings on the lot, if any, and the location and dimensions of the proposed building(s) or alteration(s).
11. State the number of off-street parking spaces or loading berths: _____
12. State the number of dwelling units: _____
13. Any such matters as may be necessary to determine conformance with and provide for enforcement of the Village Zoning Ordinance: _____
    _____
    _____

Under penalty of Perjury, I hereby certify that the information contained in this application is true and accurate to the best of my knowledge. This permit will expire or may be revoked if the work has not begun within six (6) months or completed within one (1) year from the date of permit issuance.

Signature of Permit Applicant: _____

Note: Be sure to check with the Union County Engineer's office for any further requirements or permits needed. 937-645-3018.


SPRING WATER PARK