

**AMERICAN TOWNSHIP  
102 PIONEER ROAD  
ELIDA, OHIO 45807  
APPLICATION FOR PERMIT**

**Application No:** \_\_\_\_\_ **Permit No:** \_\_\_\_\_ **Fee Paid: \$** \_\_\_\_\_ **Receipt No:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_  
Lima/Elida, Ohio 4580 \_\_\_\_\_

The undersigned applies for a permit for the following use, said permit to be issued on the basis of the information contained within this application. The application hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form to submit plans, in triplicate and drawn to scale, showing the actual dimensions and shape of the lot, except sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations.

\*\*\*\*\*

**(For Office Use Only)**

**Tax Map #** \_\_\_\_\_ **Lot #** \_\_\_\_\_

**Permit For:** \_\_\_\_\_

\*\*\*\*\*

**1. Name of Property Owner:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

**2. Tenant or Occupant:** \_\_\_\_\_ City \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

**3. Name of Contractor:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

**4. Existing Use:** \_\_\_\_\_

**5. Property Presently Zoned As:** \_\_\_\_\_

**6. Proposed Use:**

New Construction  Housing  Non-Housing  Commercial  Industrial  Agriculture

Business (Type) \_\_\_\_\_

Industrial (Type) \_\_\_\_\_

Accessory (Type) \_\_\_\_\_

Remodeling  Major  Minor Describe \_\_\_\_\_

Demolition of: \_\_\_\_\_

Sign (Type) \_\_\_\_\_ Size \_\_\_\_\_

Pool (Type) \_\_\_\_\_ Size \_\_\_\_\_

Pond - Acreage \_\_\_\_\_ Maximum Depth \_\_\_\_\_

Fence (Type) \_\_\_\_\_ Height \_\_\_\_\_ Material \_\_\_\_\_

If Housing - No. of Structures \_\_\_\_\_ No. of Dwelling Units Per Structure \_\_\_\_\_

Other (Explain on Separate Sheet)

(If proposed use is business enclose a detailed description of the nature of business or industry).

7. **Type of Sewage Disposal:**  Private  Central/Public

Health Permit # \_\_\_\_\_ Allen County Engineer Permit # \_\_\_\_\_

Village of Elida Sanitation Permit # \_\_\_\_\_

8. **Percentage of lot to be occupied:** \_\_\_\_\_

9. **Lot:** Width \_\_\_\_\_ Depth \_\_\_\_\_ Lot Area \_\_\_\_\_

10. **Square Feet:** Residence \_\_\_\_\_ Attached Garage \_\_\_\_\_ Basement \_\_\_\_\_

Percentage of basement finished \_\_\_\_\_ % Accessory Bldg. \_\_\_\_\_ Addition \_\_\_\_\_

11. **Accessory Bldg. Dimensions:** \_\_\_\_\_

12. **Estimated Cost:** \_\_\_\_\_

13. **Structure Heights:** Stories & Feet \_\_\_\_\_

14. **Yard Setback:** Front \_\_\_\_\_ Rear \_\_\_\_\_ Ride Side \_\_\_\_\_ Left Side \_\_\_\_\_

15. **Number of Off-Street parking Spaces or Loading Berths:** \_\_\_\_\_

16. **Number of A.D.A. Parking Spaces:** \_\_\_\_\_

17. **Floodplain - FEMA /Community Panel Number:** \_\_\_\_\_

What percent of parcel is involved \_\_\_\_\_ % (approximately)

Do you have a Floodplain Development Permit from Lima/Allen County Regional Planning Commission? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, you must provide a copy of the permit. Permit # \_\_\_\_\_

18. **Is there a wet lands, bog or marsh on the parcel:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, you should contact the U.S. Army Corp. of Engineers Northwest Ohio Regulatory Field Office, Bowling Green Ohio at 419-353-6307 or 419-352-5805 prior to any excavation on the parcel.

19. **Project Completion Date:** \_\_\_\_\_

20. **On a separate sheet** attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel you need clarification.

21. **Mail Permit To:** #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ (From other side of application)

**Note: This permit shall be void if work is not started within one (1) year or completed within two and one half (2 ½) years.**

**Signature:** (Applicant) \_\_\_\_\_ **Print Name:** \_\_\_\_\_  
Address of Applicant \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Date \_\_\_\_\_

\*\*\*\*\*

**(For Office Use Only)**

Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_  
Date of Action on Application \_\_\_\_\_ Approved \_\_\_\_\_  
Denied \_\_\_\_\_

If application denied, reason for denial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Inspector