

# Jackson Township Zoning

10613 Mahoning Ave  
North Jackson, OH 44451  
330-538-3093

## APPLICATION FOR ZONING PERMIT

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Location Address: \_\_\_\_\_ Parcel #: 50- \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Work Being Done: \_\_\_\_\_

Estimated Cost of Improvements: \_\_\_\_\_

Name of Person or Firm Doing the Work: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby certify that this application and accompanying plans accurately represent the scope and limits of the proposed project and acknowledge that work that does not conform to an approved plan will be subject to permit revocation.

\_\_\_\_\_  
Signature of Applicant

**No permit will be issued without a site plan for the proposed development showing lot lines, existing building dimensions and all proposed improvements to the property.**

### Office Use Only:

Zoning District: \_\_\_\_\_

Storm water review required: \_\_\_\_\_ Flood Plain: \_\_\_\_\_

Permit: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_