



BEAVERCREEK TOWNSHIP ZONING

851 Orchard Lane
Beavercreek, Ohio 45434
(937) 306-0065 Fax: (937) 426-8780

Ed Amrhein
Planning & Zoning Administrator

Laurie Brown
Zoning Inspector/
Code Enforcement Officer

COMMERCIAL STRUCTURE PERMIT (Effective 9/17/19)

Permit No. _____

Permit Fee: \$ _____
(Up to 5,000 sq. ft. = \$300;
\$50 per add'l. 1,000 sq. ft.)

Zoning District _____ Parcel ID#: _____

Location of property: _____

Property Owner: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Address: _____

Required plans shall be drawn to scale, showing the actual dimensions and shape of lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations. Provide six (6) copies of plans with application.

Type of Lot (J): Through _____ Corner _____ Interior _____ Cul-de-sac _____

Main road frontage: _____ feet, _____ feet

Depth of lot from right-of-way: _____ feet & _____ feet

Set back from side of road right-of-way: _____ feet Minimum allowed: _____ feet

Side yard clearance: (Left) (Right) side: _____ feet Minimum allowed: _____ feet

(Left) (Right) side: _____ feet Minimum allowed: _____ feet

Rear yard clearance: _____ feet Minimum allowed: _____ feet

Dimensions of building: Width _____ feet Depth _____ feet

Lot size: _____ acres

Highest point of building above established grade: Front _____ feet

Rear _____ feet

New sewage permit required: Yes No

BZA approval required: Yes No Case #: _____

Structure design and area:

Number of stories: _____

Lower level: _____ sq. ft. First floor: _____ sq. ft. Second floor: _____ sq. ft.

Total: _____ sq. ft.

Surveyor certification required: Yes No Date received: _____

I hereby certify that all of the information supplied in this application and attachments hereto are true and correct to the best of my knowledge, information and belief.

I hereby consent to the inspection of the subject property and of any buildings or structures to be constructed thereon by the Township Zoning Inspector.

I hereby acknowledge that I understand that if the construction or use described in this application has not begun within six (6) months from the date of issuance, said application shall become null and void.

Applicant's Signature

Date

Upon the basis of Application No. _____, the information contained within is made a part hereof, the proposed usage is **found / not found** to be in accordance with the Township Zoning Resolution and is hereby **approved / not approved**.

Zoning Inspector/Code Enforcement Officer

Date permit issued: _____

<u>FOR OFFICE USE ONLY</u>	
Date inspection called for: _____	Date inspected: _____
Zoning Official's Name: _____	