Village of Hanover

Ohio

200 New Home Drive Newark, Ohio 43055 Telephone: 740-763-2641 Fax: 740-763-2641

| ate | "Арр | endix A" | | |
|-----|--|----------|-------|---|
| | | Phono: | | |
| т. | Applicant Name: | | | |
| 2. | Mailing Address: | City: | | |
| 3. | Email Address: | | | |
| 4. | Property Address: | | | |
| 5. | Contractor Name: | Phone: | | |
| 6. | Contractor Address: | City: | | |
| 7. | a. [] New Residence b. [] Remodel Residence c. [] Garage d. [] Accessory Building Permanent e. [] Accessory Building Non-Permanent |) | Units | Fee \$ |
| 8. | Non-Residential Use: a. [] New Commercial b. [] Remodel Commercial c. [] Manufacturing d. [] Swimming Pool – commercial e. Does applicant have Development Plar | | | \$ \$ \$ \$ |

e. Does applicant have Development Plan Approval from Planning Commission (circle one) **Yes** or **No**

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9. Total Zoning Permit Fee

\$_____

I certify the information contained in this application and attachments is true and accurate

Applicants signature: ______ Date: ______

Sketch of Lot and Proposed Use

(Attach survey plat of property & architectural drawings)

(For non-residential use attach approved development plans)

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-- Below for official use only --

Zoning Application Number: _____

Total Fee Paid: \$ _____ Check Number: _____ Cash: _____

- 1. Current Zoning: _____
- 2. Does requested use meet Current Zoning (circle one)? Yes or No (if no, see number 2a & 2b)
 - a. Proposed Zoning: ______ (Applicant needs Re-Zoning Application)
 - b. Will the property require a Variance to meet zoning (circle one)? Yes or No (if yes, see number 3)
- 3. Has applicant received approved variance from Village of Hanover Board of Zoning Appeals (circle one)? Yes or No (if No, do not issue permit until copy of approved variance is provided, if Yes, see 3a)
 - a. Date of Approved Variance:_____
- 4. Has applicant connected to Village Sewer System (circle one)? Yes or No (if No, applicant needs sewer connection form)
- 5. Will your Use have water from a (circle one)? Private Well, Community Well, or Municipal Water
 - a. If Private or Community well, do you have your permit from Health Department or EPA (circle one) **Yes** or **No**
- 6. Remarks:

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| Application Received:/ By: | | | |
|--|--|--|--|
| Zoning Application - Approved:/ Denied:// | | | |
| BZA Meeting Date for Variance/Appeal:/ (section 514) | | | |
| Signatures (as needed): | | | |
| Village of Hanover, Zoning Inspector: | | | |
| Village of Hanover, P&Z Chairperson: | | | |
| Village of Hanover, Mayor: | | | |