



Administration Office
200 New Home Drive
Newark, Ohio 43055
Telephone: 740-763-2641
Fax: 740-763-2641
www.HanoverOhio.net

Date _____

APPLICATION FOR ZONING PERMIT

Section 300, Hanover Zoning Code

1. Applicant Name: _____ Phone: _____

2. Mailing Address: _____ City: _____

3. Email Address: _____

4. Property Address: _____

5. Contractor Name: _____ Phone: _____

6. Contractor Address: _____ City: _____

| 7. Residential Uses | Sq. Ft. or Each | Units | Fee |
|--|-----------------|-------|----------|
| <input type="checkbox"/> Accessory Building (Sec. 1015 & 1016) | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Auxiliary Dwelling Unit (Sec. 1035) | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Conditional Use (Sec. 520) | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Deck, Patio, Porch | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Demolition | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Driveway/Culvert | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Fence (Sec. 1003) | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Flood Plain Permit (Sec. 915) | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Garage | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Lot Split | _____ | _____ | \$ _____ |
| <input type="checkbox"/> New Address | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Residence - New | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Residence - Remodel | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Sewer Connection | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Sign (Article 12) | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Swimming Pool (Sec. 1002) | _____ | _____ | \$ _____ |

| 8. Non-Residential Uses | Sq. Ft. or Each | Units | Fee |
|---|-----------------|-------|----------|
| <input type="checkbox"/> New Commercial | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Remodel Commercial | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Manufacturing | _____ | _____ | \$ _____ |
| <input type="checkbox"/> Swimming Pool - Commercial | _____ | _____ | \$ _____ |



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)

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 the use have water from a (circle one)? Private Well, Community Well, or County Water?
 - a. If Private or Community well, do you have your permit from Health Department or EPA (circle one) Yes or No

6. Remarks:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.



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Application Received: __ / __ / __ By: _____

Zoning Application - Approved: __ / __ / __ Denied: __ / __ / __

BZA Meeting Date for Variance/Appeal: __ / __ / __ (Section 509)

Signatures (as needed):

Village of Hanover, Zoning Inspector: _____

Village of Hanover, P&Z Chairperson: _____

Village of Hanover, Mayor: _____