# Attention:

Enclosed, is an application for a zoning permit.

You may return your application and check made payable to: Fulton County

Regional Planning Commission 152 S. Fulton St., Suite 1000 Wauseon, OH 43567-3308

#### **ZONING FEES**

Single Family Dwelling	\$75.00	
Manufactured Home Park (2-5 lots)	\$75.00	
Commercial/Industrial Buildings	\$100.00	up to 8,000 sq. ft.
<u> </u>	\$300.00	8,001 - 20,000 sq. ft.
	\$500.00	over 20,000 sq. ft.
Cellular Tower	\$50.00	
Co-Locate on Cell Tower	\$15.00	
Accessory Building	\$25.00	
Fence, Deck, Porch		
Sign (Wall Sign)		
Free Standing Sign		
Addition, Pool, Pond	\$25.00	
Home Occupation		
Conditional Use Permit	\$150.00	
Appeal or Variance	\$150.00	
District Change		

If you have any questions, feel free to contact the Planning Commission staff at 419-337-9214 or Tom Hall, Zoning Inspector, at 335-6432.

# ZONING PERMIT/SITE PLAN REVIEW APPLICATION

(For the Townships of Amboy, Franklin, Fulton & York)

### ARTICLE 100-17A Planned Industrial/Business Park (M3)

Permit	:#			
the inf attachr inform shape of the	ndersigned applies for a zoning formation contained within this ments to this application are truation requested on this form, to of the lot, exact sizes and locat proposed buildings or alterationed development.	application. The applicate and correct. The applicate submit plans (drawn to sions of existing buildings)	nt hereby certified cant is required, it scale) showing the on the lot, and the	es that all information and in addition to the ne actual dimensions and ne location and dimensions
1.	Name of Owner:			
	Mailing Address:			
	Telephone:	Email:		
2.	Parcel Address:			
3.	Township (✓): Amboy	Franklin	Fulton	York
4.	Per Article 100-17A.3 of the The following checklist contains			Plan shall be required.
	1.       Stormwater         2.       Building Loc         3.       Parking & T         4.       Landscaping         5.       Setbacks & I         6.       Lighting & S	raffic 9 10 Right-of-Ways 11	Utilities Elevation Access Po	oints ry Architectural Plans
5.	Proposed Use: Comm	• •		
6.	Lot Size: Width	Depth	L	ot Area
7.	Square Feet of Main Building	j:		
	Square Feet of Accessory Bu	ildings:		
8.	Building Heights: Stories_	ts: Stories Feet		
9.	9. Yard Dimensions: Front Yard		Rear Ya	ard
	One Side	2	Sum of	Side Yards
10.	Will applicant need access to State Highway? Yes No (If yes, the Site Plan must depict the access point.)			
11.	Estimated Cost of Construction: \$			
_	copies of the Site Plan shall be ermit shall be void if work is n	-	•	k is not completed.
Signat	ure:		Date:	

(For Office Use Only)	

# M-3 DISTRICT

# ZONING PERMIT/SITE PLAN REVIEW

Permit #						
Name of Applicant:						
REVIEW AUTHORITY CHECKLIST						
<ol> <li>Planning Commission</li> <li>Economic Development</li> <li>County Engineer</li> <li>Sanitary Engineer</li> </ol>	<ul><li>6 Ohio Dept. of Transportation</li><li>7 Zoning Inspector</li></ul>					
Date Application Received: Fee Paid: \$						
Advisory Committee Recommendation:						
Planning Director's Recommendation:						
Date of Approval:	Date of Disapproval:					