

# SYLVANIA TOWNSHIP

## STRUCTURE/USE CHANGE

PLANNING & ZONING DEPARTMENT  
4927 N. HOLLAND-SYLVANIA ROAD  
SYLVANIA, OH 43560  
(419) 885-5276  
[WWW.SYLVANIATOWNSHIP.COM](http://WWW.SYLVANIATOWNSHIP.COM)

To the Board of Trustees, Sylvania Township, Lucas County, Ohio: The undersigned, as owner and/or agent of the following described property, does hereby apply for a Zoning Permit. Included with this application is a site drawing indicating actual lot dimensions and exact relevant measurements.

**PLEASE PRINT CLEARLY**

### PROJECT ADDRESS

STREET:	PARCEL #:	ZONE DISTRICT:
CITY/ ZIP CODE:	LOT DIMENSIONS:	LOT AREA:
SEWER: _____Public _____Septic, leach* *Health Department date of approval:	WATER: _____Public _____Well	LOT: _____Inside _____Corner

### LEGAL DESCRIPTION of PROPERTY

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### PROPERTY OWNER

NAME:	PHONE:
STREET ADDRESS:	EMAIL:
CITY/STATE/ZIP:	

### APPLICANT (If other than Property Owner)

NAME:	PHONE:
ADDRESS:	EMAIL:
CITY/STATE/ZIP:	

CHANGE OF USE		USE		NEW CONSTRUCTION*		ACCESSORY STRUCTURE*	
CURRENT:		COMMERCIAL		ADDITION		ATHLETIC COURT/FIELD	
PROPOSED:		INDUSTRIAL		ALTERATION/RENOVATION		DECK	
EST. VALUE OF PROJECT:	\$	RESIDENTIAL		DWELLING (1-FAMILY)		FENCE	
Fire Dept. approval date: (if applicable)		OTHER (SPECIFY)		DWELLING (2-FAMILY)		GARAGE	
<b>MEASUREMENTS</b>				DWELLING (MULTIFAMILY)		GAZEBO	
DIMENSIONS:		HEIGHT (feet):		NEW BUILDING		PERGOLA	
TOTAL SQ. (LN.) FT.:		HEIGHT (Stories):		OTHER (SPECIFY)		SHED	
PROPOSED SETBACKS (FT.)	Front:	Rear:	Left:	Right:	TEMPORARY		
OTHER DETAILS OF PROPOSED:						OTHER (SPECIFY):	

INITIALS: _____ DATE: _____	"I understand that additional approval may be required from my Subdivision Association for the proposed improvements being made on my property to ensure compliance with deed restrictions."
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*"I certify that the above project shall not be located within any legal easement or public right-of-way." (A non-permanent accessory structure located within any easement is the sole responsibility of the property owner.)*

*"Further, I certify that the information contained in this application and its supplements are accurate and true. I understand that employees of Sylvania Township are not attorneys or licensed surveyors, or engineers and I am not required to rely on their advice."*

*"I further understand that any permit issued upon false statement of fact pertinent to the issue hereof shall render it void, and that employees of the Sylvania Township Zoning Department reserve the right to enter upon the property for the purpose of verifying accuracy and compliance to the issued permit."*

**APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

Zoning permits shall be issued in conformity with the provisions of the Sylvania Township Zoning Resolution unless the Board of Zoning Appeals grants an approval of a variance.