MONROE TOWNSHIP
2828 STATE ROUTE 222
BETHEL, OHIO 45106
513-734-6462 MAIN LINE 513-753-5122 ZONING LINE
APPLICATION FOR NEW GARAGE CONSTRUCTION
FEE $75.00 - PAYABLE TO: MONROE TOWNSHIP OR EXACT CASH

NAME OF PROPERTY OWNER_____
ADDRESS OF PROPERTY OWNER_____
CITY, STATE, ZIP_____
PHONE_____ E:MAIL_____
ADDRESS OF CONSTRUCTION SITE_____
CITY, STATE, ZIP_____
PARCEL ID NUMBER_____
ACERAGE_____

IF CONTRACTOR; NAME_____
ADDRESS_____
CITY, STATE, ZIP_____
PHONE_____ EMAIL_____

SQUARE FOOTAGE OF NEW GARAGE_____ SIZE OF NEW GARAGE_____
VALUE OF NEW GARAGE_____
MAIN ROAD FRONTAGE_____FT. WIDTH AT BUILDING LINE_____FT.
SET BACK FROM RIGHT OF WAY_____FT. REAR YARD SET BACK_____FT.
RIGHT SIDE SET BACK_____FT. LEFT SIDE SET BACK_____FT.
(SIDE YARD SETBACKS ARE DETERMINED FROM STANDING AT FRONT OF HOUSE LOOKING AT ROAD)
HIGHEST POINT OF BUILDING ABOVE THE ESTABLISHED GRADE_____FT.

*The Township Zoning Inspector legally has 10 days to review this application. If all requirements are not met this process may take longer. I understand that the Township Zoning Inspector or Assistant Zoning Inspector shall be allowed to inspect my property, if needed, at any time during regular business hours.

*A full site plan showing all setbacks must accompany this application **before** this permit will be issued.

**This permit shall expire if work has not begun within six (6) months or has not been completed within eighteen (18) months from the date the permit is issued. It is understood and agreed by the applicant that any error, misstatement or omission in the application for issuance of this permit may cause the permit to be revoked after issuance.

Applicant's Signature_____ Date_____

Upon the basis of this application #_____, the statement in which you have made is a part hereof, the proposed usage is found to be (in accordance-not in accordance) with the Monroe Township Zoning Resolution and is hereby approved___/rejected____ for the _____ district.

Zoning Inspector/Administrator Signature_____ Date_____
Fee paid_____ check #_____